FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED

DDD NORTH COONTY	BOINGING OF BEIN	TELB TOR CABIL GR		11011		TIID CODE	M	וידוא	א משווא ע דע	CE _
2,270 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/ 7/ 7/ 7/		UNITS/DAY		COST PER	C C
Z,Z/O EDIGIBLES	OBERS	OR DAYS OF CARE		EXFENDITORES			PER ELIG		USER	E
ATOTAL ALL DROWINERS	2 206			712 806 61			17.190			_
@TOTAL, ALL PROVIDERS	2,296	39,022	\$	712,896.61		18.27			310.50	
@PHYSICIANS SERVICES	298	824	\$	13,796.04	\$	16.74	.363	Ş	46.30	\$
OUTPATIENT VISITS	2	2		61.50		30.75	.001		30.75	
OFFICE VISITS	2	2		61.50		30.75	.001		30.75	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	
INPATIENT VISITS	0	0		.00		.00	.000		.00	
HOSPITAL VISITS	0	0		.00		.00	.000		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
	0	0								
PRINCIPAL SURGEON	0			.00		.00	.000		.00	
ASSISTANT SURGEON	· ·	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0 0 0 1	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	1	1		2.80		2.80	.000		2.80	
RADIOLOGY	2	2		15.47		7.74	.001		7.74	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	296	819		13,716.27		16.75	.361		46.34	
@PHARMACY	1,634	21,542	\$	477,909.05	\$	22.18	9.490	\$		\$
PRESCRIPTION DRUGS	1,569	5,911	•	467,784.72	'	79.14	2.604	'	298.14	'
SNF/ICF	32	250		15,463.78		61.86	.110		483.24	
OUTPATIENTS	1,540	5,661		452,320.94		79.90	2.494		293.71	
MEDICAL SUPPLIES	136	15,631		10,124.33		.65	6.886		74.44	
@DENTIST	20	44	Ċ	2,551.35	\$	57.99	.019	Ċ	127.57	\$
VISITS - DIAGNOSTIC	20 13	22	Y	348.35	۲	15.83	.010	Υ	26.80	٢
ORAL SURGERY	13	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
	0									
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS		0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	4	12		190.00		15.83	.005		47.50	
PROSTHETICS	1	1		30.00		30.00	.000		30.00	
DENTURES, STAYPLATES	5	9		1,983.00		220.33	.004		396.60	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	

MOP024

FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

----- MONTHLY AVERAGE -2,270 ELIGIBLES USERS

OPTOMETRIST 41
DIAGNOSTIC AND ANC. PROCED 10 UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE @OPTOMETRIST EYE APPLIANCES 3 2 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS @PODIATRIST 35
MEDICINE/INJECTIONS 0
SURGERY/ANES. 0
RADIO./PATHOLOGY 0
OTHER 35
@HOME HEALTH AGENCY 0
NURSE ANESTHESIST 0
NURSE MIDWIFE 0
PEDIATRIC NURSE PRACTITIONED
FAMILY NUT: OTHER SERVICES 0 0 58 .00 .00 576.71 9.94 576.71 9.94
.00 \$ .00
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62,855.74 \$ 144.83
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11,552.54 679.56
14,836.40 .00
28,275.63 .00
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8,191.17 19.64
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.00 .00 .026 16.48 0 .000 \$ .00 0 .000 S .00 .000 \$ .00 FAMILY NURSE PRACTITIONER
TOTAL HOSPITAL .000 \$ .00 .000 \$ .00 Ω 205 51 .191 \$ 306.61 @TOTAL HOSPITAL HOSP INPATIENT TOTAL
HSC HOSPITALS
NON-HSC HOSPITAL TOTAL
ACCOMMODATIONS
CONTROL DAYS .007 1071.85 0 .000 .00 .007 6597.24 .007 2888.14 .000 .00 ADMINISTRATIVE DATE
TRANSITIONAL IP CARE
ALL OTHER ACCOM 0 .000 .00 .007 2888.14 ANCILLARIES 4
INPATIENT CROSSOVERS 47
ALL OTHER INPATIENT 0
HOSP OUTPATIENT TOTAL 184 .000 3709.10 .000 601.61 . 000 .00 HOSP OUTPATIENT TOTAL .184 44.52 MEDICAL 0 .000 .00 .00 .00 .00 .00 .00 .00 .00 .00 8,191.17 19.64 .00 SURGERY
PATHOLOGY
RADIOLOGY
POOM USE .000 0 .00 .00 0 0 0 0 417 .000 .00 .000 .00 .000 Ω .00 417 CROSSOVERS/ALL OTH OUTPTNT 184 .184 44.52 .00 \$ .00 @COUNTY HOSPITAL TOTAL .00 0 .000 S CO HOSPITAL INPATIENT TOTAL . 000 Ω . 00 HSC HOSPITALS .00 .00 . 000 .00 .000 NON-HSC HOSPITALS TOTAL .00 ACCOMMODATIONS Ω .000 .00 .000 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE
ALL OTHER ACCOM
ANCILLARIES
NPATIENT CROSSOVERS .000 .00 .000 .00 ANCILLARIES .000 .00 INPATIENT CROSSOVERS .000 .00 ALL OTHER INPATIENT .000 .00 CO HOSP OUTPATIENT TOTAL .000 .00 MEDICAL .000 .00

SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	005 THRU DE	C 2005

MOPO24 FEE-FOR-SERVICE/DENTAL

MOP024	FEE-FOK-SERVICE	r/ DENTAL									
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR	CASH GR	ANT	- AGED		AID CODE	10			
								M	TNO	HLY AVERA	AGE -
2,270 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS	OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER	E
@COMMUNITY HOSPITAL TOTAL	205		434	\$	62,855.74	\$		.191		306.61	\$
COMM HOSP INPATIENT TOTAL	51		17	•				.007	•	1071.85	·
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	4		17		54,664.57 .00 26,388.94 11,552.54		1552.29	.007		6597.24	
ACCOMMODATIONS	4		17		11,552.54		679.56	.007		2888.14	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	4		17				679.56	.007		2888.14	
ANCILLARIES	4		0		14,836.40		.00	.000		3709.10	
INPATIENT CROSSOVERS	47		0		28,275.63		.00	.000		601.61	
	0		0					.000			
ALL OTHER INPATIENT	184				.00		.00			.00	
COMM HOSP OUTPATIENT TOTAL			417				19.64	.184		44.52	
MEDICAL	0		0		.00		.00	.000		.00	
SURGERY	0		0		.00		.00	.000		.00	
PATHOLOGY	0		0		.00		.00	.000		.00	
RADIOLOGY	0		0		.00		.00	.000		.00	
ROOM USE	0		0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	184		417		8,191.17		19.64	.184		44.52	
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0		0		.00		.00	.000		.00	
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	0		0		.00		.00	.000		.00	
@NURSING FACILITY	40		723	\$	111,528.25	\$	154.26	.319	\$	2788.21	\$
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00	
LEV B-REHAB MD	0		0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING			0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
LEV B-REGULAR	40		723		111,528.25		154.26	.319		2788.21	
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0		0	•	.00		.00	.000		.00	·
ICF DD	0		0		.00		.00	.000		.00	
ICF DDN/DDCN	0		0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	Ġ	.00	\$
HOSPITAL BASED	0		0	т.	.00	т.	.00	.000	т	.00	т
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	Ś	.00	\$
HOSPITAL BASED	0		0	۲	.00	۲	.00	.000	۲	.00	۲
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00	
@LABORATORY FACILITY	1		2	\$	11.35	\$	5.68	.001	Ċ	11.35	\$
PATHOLOGY	0		0	Ą	.00	ې	.00	.000	ې	.00	ې
XO AND OTHERS	1		2		11.35		5.68	.001		11.35	
@ORGANIZED OUTPATIENT CLINIC	381		∠ 547	\$	22,428.33	\$	41.00	.241	Ċ.	58.87	\$
	381		1	Ą	22,428.33 79.78	Ą	41.00 79.78	.000	Ą		Ą
CLINIC SURGICENTER	0		0		.00		.00	.000		79.78 .00	
NTINTOTON	U		U		.00		.00	.000		.00	

 HEROIN DETOX CLINIC
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 RURAL HEALTH CLINIC
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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED

AID CODE 10 ----- MONTHLY AVERAGE -UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COR DAYS OF CARE PER UNIT/DAY PER ELIG USER F 2,270 ELIGIBLES USERS 
 OR DAYS OF CARE
 FER ONLITION
 FER CART

 14,725
 \$ 18,929.13
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 .00< 365 14,725 \$ 8 @ALL OTHER PROVIDERS 18,929.13 \$ 1.29 6.487 \$ 51.86 \$ 5 8 0 0 0 0 0 0 13 319 0 0 11 200 DURABLE MED. EQUIP.
BLOOD BANK
HEARING AID DISPENSERS .004 51.03 .00 .00 70.01 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS .00 81.52 4.49 OTHER TRANS 3 OTHER SERVICES ACUPUNCTURE ACUPUNCTURE 0
ADULT DAY HEALTH CARE CTR 0
GENETIC DISEASE TESTING 0
IHMC, MODEL-NF, NF, AIDS, MSSP 0
OCCUPATIONAL THERAPIST 0
OPTICIAN 69 0 .00 .00 .00 .00 27.23 0 PHYSICAL THERAPIST .00 PORTABLE X-RAY .00 POSTHETIST/ORTHOTISTS
PROSTHETICS .00 0 .00 ORTHOTICS 0 .00 SPEECH AND AUDIOLOGY

HOSPICE SERVICES

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

EPSDT SUPPLEMENTAL SERVICE

RESPIRATORY CARE PRACT. PSYCHOLOGIST .000 .000 .00 .002 360.84 

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

						MON	ITHLY AVERA	GE -
271 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CAR	.E		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	275	10,361	\$	124,270.67	\$ 11.99	38.232 \$	451.89	\$
@PHYSICIANS SERVICES	48	114	\$	3,284.57	\$ 28.81	.421 \$	68.43	\$
OUTPATIENT VISITS	13	15		751.53	50.10	.055	57.81	
OFFICE VISITS	11	13		650.45	50.03	.048	59.13	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	1	1		68.35	68.35	.004	68.35	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY: THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	1	1	32.73	32.73	.004	32.73	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	2	851.26	425.63	.007	851.26	
PRINCIPAL SURGEON	1	1	709.38	709.38	.004	709.38	
ASSISTANT SURGEON	1	1	141.88	141.88	.004	141.88	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	4	4	179.86	44.97	.015	44.97	
PRINCIPAL SURGEON	4	4	179.86	44.97	.015	44.97	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	2	2	78.60	39.30	.007	39.30	
RADIOLOGY	11	19	217.95	11.47	.070	19.81	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	1	4	200.00	50.00	.015	200.00	
OTHER SERVICES/ALL X-OVERS	27	68	1,005.37	14.78	.251	37.24	
@PHARMACY	216	9,414	\$ 77,427.77	\$ 8.22	34.738	\$ 358.46	\$
PRESCRIPTION DRUGS	194	696	70,487.32	101.27	2.568	363.34	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	194	696	70,487.32	101.27	2.568	363.34	
MEDICAL SUPPLIES	46	8,718	6,940.45	.80	32.170	150.88	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
"GATTE BERM OF HEATEN GERM	MEDI ONI CEDITION	****	VOLUME OF BRIDGES BEROE	m non man oo	A - MIIDII DDA	0005

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

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DEL NORTE COUNTY	SUMMARY OF SERV		CASH GR	ANT -	BLIND		AID CODE	20			
								M	ONT	HLY AVERA	AGE -
271 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS	OF CARE			PE	R UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	6		10	\$	209.76	\$	20.98	.037	\$	34.96	\$
DIAGNOSTIC AND ANC. PROCED	4		4	·	124.06	•	21 02	015	•	31.02	·
EYE APPLIANCES	2		6		85.70		14.28	.022		42.85	
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00	
@CHIROPRACTOR	3		4	\$	65.55						Ś
VISITS	0		0	۲	.00	4	.00	.000	4	.00	۲
OTHER SERVICES	3		4		65.55			.015		21.85	
@PODIATRIST	0		0	\$	.00		.00	.000		.00	Ġ
WEDICINE /INTECRIONS	0		0	ې	.00	Ą	.00	.000	٦	.00	ې
MEDICINE/INDECTIONS	0		0		.00		.00	.000			
SURGERI/ANES.	0		-							.00	
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00	
OTHER	0		0	4.	.00	4.	.00	.000	4.	.00	4.
@HOME HEALTH AGENCY	0		0	Ş	.00	Ş	.00	.000		.00	Ş
NURSE ANESTHESIST	2		10	Ş	197.70	\$	19.77	.037		98.85	\$
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000		.00	\$
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00		.00	.000		.00	
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000		.00	
@TOTAL HOSPITAL	35		177	\$	25,064.01	\$	141.60	.653	\$	716.11	\$
HOSP INPATIENT TOTAL	5		8		21,058.64		2632.33	.030		4211.73	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	3		8		21,058.64 .00 20,144.24 4,579.46		2518.03	.030		6714.75	
ACCOMMODATIONS	3		8		4,579.46		572.43	.030		1526.49	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		. 0.0	.000		.00	
ALL OTHER ACCOM	3		8		4,579.46 15,564.78 914.40		572.43	.030		1526.49	
ANCILLARIES	3		0		15.564 78		0.0	.000		5188.26	
INPATIENT CROSSOVERS	2		Ö		914 40		.00	.000		457.20	
ALL OTHER INDATIENT	0		0		.00		.00	.000		.00	
HOGD OHIDATIENT TOTAL	3.2		169		4,005.37		23 70	.624		125.17	
MEDICAL	12		15		809.48		53.97	.055		62.27	
CIDCEDA	1.3		2		228.84		114.42	.007		114.42	
DAMIOLOGY	2		29					.107			
PATHOLOGY	7				499.34		17.22			71.33	
RADIOLOGY	9		14		400.37		28.60	.052		44.49	
ROOM USE	14		18		607.15		33.73	.066		43.37	
CROSSOVERS/ALL OTH OUTPTNT	22 0		91		1,460.19		16.05	.336		66.37	
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000		.00	\$
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	

ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2005 THRU DE	EC 2005
MOP024	FEE-FOR-SERVICE/DENTA	AT,				

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR	CASH GF	RANT -	- BLIND	AID CODE				
	WARDA TRITTA AR ARRIVAGO REVERBIRA					M		GE -		
271 ELIGIBLES	USERS	UNITS OF			EXPENDITURES				C	
		OR DAYS				R UNIT/DAY		USER	E	
@COMMUNITY HOSPITAL TOTAL	35 5		177	\$	25,064.01			\$ 716.11	\$	
COMM HOSP INPATIENT TOTAL	5		8		21,058.64	2632.33	.030	4211.73		
HSC HOSPITALS	0		0		.00	.00	.000	.00		
NON-HSC HOSPITALS TOTAL	3		8		21,058.64 .00 20,144.24	2518.03	.030	6714.75		
ACCOMMODATIONS	3		8 0 0 8 0		4,579.46	572.43	.030	1526.49		
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		
ALL OTHER ACCOM	3		8		4,579.46	572.43	.030	1526.49		
ANCILLARIES	3		0		15,564.78	.00	.000	5188.26		
INPATIENT CROSSOVERS	2		0		914.40	.00	.000	457.20		
ALL OTHER INPATIENT	0				.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	32		169		4,005.37	23.70	.624	125.17		
MEDICAL	13		15		809.48	53.97	.055	62.27		
SURGERY	2		2		228.84	114.42	.007	114.42		
PATHOLOGY	7		29		499.34	17.22	.107	71.33		
RADIOLOGY	9		14		400.37	28.60	.052	44.49		
ROOM USE	14 22 0		18		607.15	33.73	.066	43.37		
CROSSOVERS/ALL OTH OUTPTNT	22		91		1,460.19	16.05	.336	66.37		
@STATE HOSPITAL	0		0	\$	.00	\$ .00	.000	\$ .00	\$	
MENTALLY ILL	0		0		.00	.00	.000	.00		
DEVELOP. DISABLED	0		0		.00	.00	.000	.00		
@NURSING FACILITY	0		0	\$	.00	\$ .00	.000	\$ .00	\$	
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00		
LEV B-REHAB MD	0		0		.00	.00	.000	.00		
LEV B-SUBACUTE FREESTANDING	0		0 0 0		.00	.00	.000	.00		
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000	.00		
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		
LEV B-REGULAR	0		0		.00	.00	.000	.00		
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$ .00	.000	\$ .00	\$	
ICF DDH	0		0		.00	.00	.000	.00		
ICF DD	0		0		.00	.00	.000	.00		
ICF DDN/DDCN	0		0		.00	.00	.000	.00		
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$ .00	.000	\$ .00	\$	
HOSPITAL BASED	0		0		.00	.00	.000	.00		
HEMODIALYSIS CENTER	0		0		.00	.00	.000	.00		
@REHABILITATION FACILITY	0		0	\$	.00	\$ .00	.000	\$ .00	\$	
HOSPITAL BASED	0		0		.00	.00	.000	.00		
INDEPENDENT FACILITY	0		0		.00	.00	.000	.00		
@LABORATORY FACILITY	6		24	\$	335.93	\$ 14.00	.089	\$ 55.99	\$	

PATHOLOGY	6	24	335.93	14.00	.089	55.99	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	43	61 \$	4,709.44	\$ 77.20	.225 \$	109.52	\$
CLINIC	0	0	.00	.00	.000	.00	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	43	61	4,709.44	77.20	.225	109.52	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2005 THRU DEC	2005	PA
MOP024	FEE-FOR-SERVIO						
DEL NORTE COUNTY	SUMMARY OF SER	RVICES FOR CASH GRANT -	BLIND	AID CODE	20		
					MONT	HLY AVERA	ωGE -
271 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY		USER	E
@ALL OTHER PROVIDERS	37	547 \$	12,975.94	\$ 23.72	2.018 \$	350.70	\$
DURABLE MED. EQUIP.	5	21	8,437.10	401.77	.077	1687.42	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	400	618.10	1.55	1.476	206.03	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	3	400	618.10	1.55	1.476	206.03	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	16	252.47	15.78	.059	63.12	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00				
	3			.00	.000	.00	
PROSTHETIST/ORTHOTISTS	3	10	2,445.52	244.55	.037	815.17	
PROSTHETICS	3	10	2,445.52	244.55	.037	815.17	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST		0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	24	100	1,222.75	12.23	.369	50.95	
@CALIF. CHILDREN SERVICES*	23	758 \$	17,132.53	\$ 22.60	2.797 \$	744.89	\$
@XOVER EXCLUDING STATE HOSP**	60	3,061 \$	6,056.66	\$ 1.98	11.295 \$	100.94	\$
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPA	ARATE INFORMATION ITEM C	NLY;				
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE A	APPROPRIATE DETAIL LINES	B ABOVE.				
** THESE DATA ARE INCLUDED I	N THE APPROPRIA	ATE DETAIL LINES ABOVE.					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2005 THRU DEC	2005	P.A
MOP024	FEE-FOR-SERVIO	CE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SER	RVICES FOR CASH GRANT -	DISABLED	AID CODE	60		
					MONT	HLY AVERA	AGE -
22,512 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	23,009	468,774 \$	13,521,727.17	\$ 28.84	20.823 \$	587.67	\$
@PHYSICIANS SERVICES	4,502	11,309 \$	425,532.45	\$ 37.63	.502 \$	94.52	
OUTPATIENT VISITS	1,077	1,423	54,208.64	38.09	.063	50.33	
	=, =	,	, = = = = = =				

OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI	937	1,209		43,448.04		.94	.054		46.37	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	113	141		8,376.26	59	.41	.006		74.13	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	12	36		1,337.13		.14	.002		111.43	
OTHER OUTPATIENT	34	37			28	.30	.002		30.80	
INPATIENT VISITS	112	336		1,047.21	51	.44	.015		154.31	
HOSPITAL VISITS	94	290		11,802.91	40	.70	.013		125.56	
CRITICAL CARE	11	33		4,952.66 527.10	150	.08	.001		450.24	
SNF/ICF/TRANS IP CARE	13	13				.55	.001		40.55	
OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES FYAMINATIONS	125	182		6,912.61 6,912.61	37	.98	.008		55.30	
EXAMINATIONS	123	182			37	.98			55.30	
SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	114	683		59,915.40		.72	.030		525.57	
PRINCIPAL SURGEON	79	126		48,949.92		.49	.006		619.62	
ASSISTANT SURGEON	10	10		1,995.97	199		.000		199.60	
ANESTHESIOLOGIST	35	547		8,969.51	16	.40	.024		256.27	
OUTPATTENT SURGERY	309	644		75,686.97		.53			244.94	
PRINCIPAL SURGEON	280	364		69,768.91		.67	.016		249.17	
ASSISTANT SURGEON	2	2		136.64	68	.32	.000		68.32	
ANESTHESIOLOGIST	33	278		5,781.42	20	.80	.012		175.19	
DIALYSIS	13	34		3,379.34 8,918.78	99	.39	.002 .020		259.95	
PATHOLOGY	256	447		8,918.78		• > >	.020		34.84	
RADIOLOGY	1,996	3,520		94,214.80	26	.77	.156		47.20	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	19	61		2,536.78		.59				
OTHER SERVICES/ALL X-OVERS	1,450	3,979	4	102,476.46		.75	.177	4	70.67	4
@PHARMACY	15,721	252,749	Ş	6,923,428.15	\$ 27 104	.39	11.227	Ş	440.39	Ş
PRESCRIPTION DRUGS	15,139	64,345		6,755,595.73			2.858		446.24	
OTHER SERVICES/ALL X-OVERS  @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES  @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS	1E 020	1,090		104,820.04 6,650,775.69	96 105		.048		1017.67 442.24	
MEDICAL CUDDITEC	15,039	63,255		167,832.42	105	.14 .89	2.810 8.369			
WEDICAL SUPPLIES	1,522	188,404		53,357.35		.50	.048	Ļ	110.27	٠,
@DENTIST	438 160	1,078 524	\$	7,470.85		.26	.023		224.19 46.12	Ą
ODAL CUDCEDY	162	321		17,091.00		.24	.023		371.54	
DDIICC	40	321 4		17,091.00		.24 .75			7.50	
AMECTUECTA	10	18		1,700.00		. 44	.001		94.44	
DEDIODOMTICS	10	11		553.00		.27	.000		55.30	
FNDODONTICS	9	8		1,162.00		.25			145.25	
PESTODATIVE DENTISTRY	30	98		5,700.50		.17	.004		145.25	
PROSTHETICS	3	3		75.00		.00	.000		25.00	
DENTURES, STAYPLATES	49	77		19,505.00	253		.003		398.06	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	2	3		50.00	16		.000		25.00	
FRACTURES, DISLOCATIONS	0	3 0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	1	1		35.00		.00	.000		35.00	
ALL OTHER SERVICES	10	10		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV			TIRES M	ONTH-OF-PAYMENT RE				DEC		PA
MOP024	FEE-FOR-SERVIC		01020 11		21 0101	01111	2003 111110	220	2003	
DEL NORTE COUNTY		VICES FOR CASH	GRANT	- DISABLED	ATD	CODE	3 60			
222 1.01.12 0001.11	001111111111111111111111111111111111111	11020 1011 011011	011111			0022	M	ONTH	ILY AVERA	GE -
22,512 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE	COST	T UNITS/DAY			C
, -		OR DAYS OF CA					PER ELIG		USER	Ē
@OPTOMETRIST	589	1,649	\$	31,750.42		.25	.073		53.91	
DIAGNOSTIC AND ANC. PROCED	339	530	·	13,266.71		.03	.024	·	39.13	·
				•						

EYE APPLIANCES	402	1,097	18,163.52	16.56	.049	45.18	
OTHER OPTOMETRIC SERVICES	15	22	320.19	14.55	.001	21.35	
@CHIROPRACTOR	208	344	\$ 5,699.56	\$ 16.57	.015	\$ 27.40	\$
VISITS	193	320	5,312.78	16.60	.014	27.53	
OTHER SERVICES	15	24	386.78	16.12	.001	25.79	
@PODIATRIST	197	294	\$ 7,016.29	\$ 23.86	.013	\$ 35.62	\$
MEDICINE/INJECTIONS	119	141	4,388.06	31.12	.006	36.87	
SURGERY/ANES.	6	10	373.77	37.38	.000	62.30	
RADIO./PATHOLOGY	18	25	439.43	17.58	.001	24.41	
OTHER	71	118	1,815.03	15.38	.005	25.56	
@HOME HEALTH AGENCY	43	588	\$ 34,670.77	\$ 58.96	.026	\$ 806.30	\$
NURSE ANESTHESIST	132	696	\$ 13,785.57	\$ 19.81	.031	\$ 104.44	\$
NURSE MIDWIFE	9	22	\$ 4,667.09	\$ 212.14	.001	\$ 518.57	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	4,504	23,920	\$ 3,820,817.74	\$ 159.73	1.063	\$ 848.32	\$
HOSP INPATIENT TOTAL	421	1,160	3,006,124.61	2591.49	.052	7140.44	
HSC HOSPITALS	22	121	185,110.00	1529.83	.005	8414.09	
NON-HSC HOSPITAL TOTAL	221	1,039	2,700,367.51	2599.01	.046	12218.86	
ACCOMMODATIONS	221	1,039	899,336.25	865.58	.046	4069.39	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	221	1,039	899,336.25	865.58	.046	4069.39	
ANCILLARIES	220	0	1,801,031.26	.00	.000	8186.51	
INPATIENT CROSSOVERS	182	0	120,647.10	.00	.000	662.90	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	4,307	22,760	814,693.13	35.79	1.011	189.16	
MEDICAL	1,719	3,492	224,599.23	64.32	.155	130.66	
SURGERY	353	445	28,692.67	64.48	.020	81.28	
PATHOLOGY	1,567	7,242	85,946.48	11.87	.322	54.85	
RADIOLOGY	1,543	2,292	187,125.05	81.64	.102	121.27	
ROOM USE	1,677	2,837	114,268.23	40.28	.126	68.14	
CROSSOVERS/ALL OTH OUTPTNT	2,329	6,452	174,061.47	26.98	.287	74.74	
@COUNTY HOSPITAL TOTAL	11	28	\$ 8,671.77	\$ 309.71	.001	\$ 788.34	\$
CO HOSPITAL INPATIENT TOTAL	2	7	8,120.00	1160.00	.000	4060.00	
HSC HOSPITALS	2	7	8,120.00	1160.00	.000	4060.00	

NON HAG HOADTENIA MOENT	0	0	0.0	0.0	0.00	0.0	
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00		.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0 0 0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
	0	0	.00				
ALL OTHER INPATIENT	9	0 21		.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	9	3	551.77	26.27	.001	61.31	
MEDICAL	3	3	68.18	22.73	.000	22.73	
SURGERY	1 1	1 7	70.60	70.60	.000	70.60	
PATHOLOGY	1	7	60.24	8.61	.000	60.24	
RADIOLOGY	1	4	71.50	17.88	.000	71.50	
ROOM USE	3	3	102.01	34.00		34.00	
CROSSOVERS/ALL OTH OUTPTNT		3	179.24	59.75	.000	59.75	
		CES AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2005 THRU I	DEC 2005	PA
MOP024	FEE-FOR-SERVIC						
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT	- DISABLED	AID CODE			
						ONTHLY AVERA	
22,512 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				C
		OR DAYS OF CARE		PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	4,498	23,892 \$	3,812,145.97		1.061		\$
COMM HOSP INPATIENT TOTAL	420	1,153	2,998,004.61	2600.18	.051	7138.11	
HSC HOSPITALS	20	114	176,990.00	1552.54	.005	8849.50	
NON-HSC HOSPITALS TOTAL	221	1,039	2,700,367.51	1552.54 2599.01 865.58	.046	12218.86	
ACCOMMODATIONS	221	1,039				4069.39	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	221	1,039	899,336.25	865.58	.046	4069.39	
ANCILLARIES	220	0	1,801,031.26	.00	.000	8186.51	
INPATIENT CROSSOVERS	182	0	120,647.10	.00	.000	662.90	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	4,301	22,739	814,141.36 224,531.05	35.80	1.010	189.29	
MEDICAL	1,716	3,489	224,531.05	64.35	.155	130.85	
SURGERY	352	444	28,622.07	64.46	.020	81.31	
PATHOLOGY	1,567	7,235	85,886.24	11.87	.321	54.81	
RADIOLOGY	1,542	2,288	85,886.24 187,053.55	81.75	.102	121.31	
ROOM USE	1,675	2,834	114,166.22	40.28	.126	68.16	
CROSSOVERS/ALL OTH OUTPINT	2,326	6,449	173,882.23		.286	74.76	
@STATE HOSPITAL	12	, 365 \$	256,167.95				\$
MENTALLY ILL	0	0	.00	.00	.000	.00	•
DEVELOP. DISABLED	12	365	256,167.95		.016	21347.33	
@NURSING FACILITY	84	1,607 \$	254,807.64			\$ 3033.42	\$
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LEV A-INTERMEDIATE

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REHAB MD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HOSPITAL BASED

ICF DDH

ICF DD

HEMODIALYSIS CENTER	43	230		34,520.29	150.09	.010		802.80	
@REHABILITATION FACILITY	5	29	\$	1,008.70 \$	34.78	.001	\$	201.74	\$
HOSPITAL BASED	5	29		1,008.70	34.78	.001		201.74	
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00	
@LABORATORY FACILITY	1,608	5,653	\$	76,535.69 \$	13.54	.251	\$	47.60	\$
PATHOLOGY	1,604	5,637		76,472.87	13.57	.250		47.68	
XO AND OTHERS	4	16		62.82	3.93	.001		15.71	
@ORGANIZED OUTPATIENT CLINIC	7,120	11,067	\$	995,201.32 \$	89.93	.492	\$	139.78	\$
CLINIC	11	16		1,337.59	83.60	.001		121.60	
SURGICENTER	3	21		965.47	45.97	.001		321.82	
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00	
RURAL HEALTH CLINIC	7,111	11,030		992,898.26	90.02	.490		139.63	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURE	S MONTH-	OF-PAYMENT REPO	RT FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENT	TAL .							

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

MONTHEL AVERAGE						- 100	
22,512 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	2,690	157,174 \$	582,760.19	\$ 3.71	6.982 \$	216.64	\$
DURABLE MED. EQUIP.	165	369	89,528.19	242.62	.016	542.60	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	2	4	818.23				
MEDICAL TRANSPORTATION	479	96,582	259,341.15	2.69	4.290	541.42	
AMBULANCES/AIR TRANS	398	10,677	111,766.92		.474	280.82	
OTHER TRANS	79	85,333	125,514.84	1.47	3.791	1588.80	
OTHER SERVICES	103	572	22,059.39	38.57	.025	214.17	
ACUPUNCTURE	8	21	368.83	17.56	.001	46.10	
ADULT DAY HEALTH CARE CTR	13	239	16,640.06	69.62	.011	1280.00	
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.001	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	23	88	11,160.31	126.82	.004	485.23	
OCCUPATIONAL THERAPIST	0	0	.00		.000	.00	
OPTICIAN	628	1,638	15,919.96	9.72	.073	25.35	
PHYSICAL THERAPIST	218	2,128	32,637.98	15.34	.095	149.72	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	20	120	25,631.29	213.59	.005	1281.56	
PROSTHETICS	20	120	25,631.29	213.59	.005	1281.56	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	5	10	124.85	12.49	.000	24.97	
SPEECH AND AUDIOLOGY	36	140	4,304.87	30.75	.006	119.58	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	362	5,013	38,470.35	7.67	.223	106.27	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	860	50,809	86,449.12		2.257	100.52	
@CALIF. CHILDREN SERVICES*	86	1,242 \$	199,577.94	\$ 160.69	.055 \$	2320.67	\$
@XOVER EXCLUDING STATE HOSP**	2,864	38,177 \$	343,582.23		1.696 \$	119.97	\$
O+ MOMATO TALBUTA TANDO ADD OT	77DN 7 D7 74D77	A MID TATE ODMA MITOAT THEM	ONTE SZ				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

----- MONTHLY AVERAGE -

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

28,773 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	C E
	14 710		4 415 206 04				_
@TOTAL, ALL PROVIDERS	14,712 2,420	69,110 \$			2.402 \$	300.12	\$
	2,420	4,677 \$			.163 \$		\$
OUTPATIENT VISITS	575	711	27,261.13	38.34	.025	47.41	
OFFICE VISITS	479	559	20,013.50		.019	41.78	
HOME VISITS	0	0	.00		.000	.00	
EMERGENCY ROOM	70	76	4,104.10	54.00	.003	58.63	
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	
OB VISITS/COMPRE PERI	13	51	2,138.23	41.93	.002	164.48	
OTHER OUTPATIENT	22	24	950.47	39.60	.001	43.20	
INPATIENT VISITS	67	293	29,997.80	102.38	.010	447.73	
HOSPITAL VISITS	57	160	8,455.42	52.85		148.34	
CRITICAL CARE	16	133	21,542.38		.005	1346.40	
SNF/ICF/TRANS IP CARE	0	0	.00		.000	.00	
OPHTHALMOLOGICAL SERVICES	25	25	946.83	37.87	.001	37.87	
EXAMINATIONS	25	25	946.83	37.87	.001	37.87	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
TMDATTENT HOGDITAL CUIDGEDV	51	226	30,914.30	136.79	.008	606.16	
DDINCIDAL CUDCEON	37	50	25,776.83		.002	696.67	
AGGIGMANM GUDGDON	7	7					
INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY	1.6		1,293.90	184.84	.000	184.84	
ANESTHESIOLOGIST	16	169	3,843.57	22.74	.006	240.22	
OUTPATIENT SURGERY	188	517	34,836.07			185.30	
PRINCIPAL SURGEON	173	208	31,093.02	149.49	.007	179.73	
ASSISTANT SURGEON	0	0	.00		.000	.00	
ANESTHESIOLOGIST	20	309	3,743.05	12.11	.011	187.15	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	92	155	3,276.45		.005	35.61	
RADIOLOGY	1,608	2,275	50,522.22	22.21	.079	31.42	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	30	95	733.75	7.72	.003	24.46	
	0.0.4	380	13,124.73	34.54	.013	64.34	
@PHARMACY	204 6,835 6,796 0 6,796 151 255 203 56 5	16,336 \$			.568 \$	134.39	\$
PRESCRIPTION DRUGS	6.796	16,087	904,119.49		.559	133.04	т
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	6 796	16,087	904,119.49	56.20	.559	133.04	
MEDICAL SUPPLIES	151	249	14,440.35	57.99	.009	95.63	
@DENTIST	255	1,555 \$			.054 \$		Ċ
VISITS - DIAGNOSTIC	203	885	•		.034 \$	69.98	Y
VISIIS - DIAGNOSIIC	203	333	14,205.80			358.43	
ORAL SURGERY	26		20,072.00	60.28	.012		
DRUGS	5	6	15.00	2.50	.000	3.00	
ANESTHESIA	21	21	2,100.00	100.00	.001	100.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICE		16	1,683.00	105.19	.001	153.00	
RESTORATIVE DENTISTRY	63	225	10,618.00	47.19	.008	168.54	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	10	14	3,758.00	268.43	.000	375.80	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	9	11	550.00	50.00	.000	61.11	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	28	31	2,987.50	96.37	.001	106.70	
ALL OTHER SERVICES	13	13	206.25	15.87	.000	15.87	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					PΑ
MODO24	FFF_FOD_CFDVICE					<del>.</del>	

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

MOP024

DEL NORTE COUNTY

----- MONTHLY AVERAGE -

						~~	M			
28,773 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST				C
		OR DAYS OF CARE				R UNIT/DAY			USER	E
@OPTOMETRIST	402	1,181	\$	22,477.13	\$	19.03	.041	\$		\$
DIAGNOSTIC AND ANC. PROCED	285	465		11,902.15		25.60	.016		41.76	
EYE APPLIANCES	259	713		10,545.42		14.79	.025		40.72	
OTHER OPTOMETRIC SERVICES	3	3		29.56		9.85	.000		9.85	
@CHIROPRACTOR	97	147	\$	2,424.40			.005	S		Ś
VICITO	97	147	۲	2,424.40	Y	16.49	.005	Y	24.99	Y
Omited Genitices	27	0				.00				
ODDIAMOTOM	- U	0	4	.00			.000	4	.00	Å
@PODIATRIST	53	69	\$	2,386.44	\$	34.59	.002	Ş		\$
MEDICINE/INJECTIONS	52	64		2,386.44 2,254.13 63.11		35.22	.002		43.35	
SURGERY/ANES.	1	1					.000		63.11	
RADIO./PATHOLOGY	2	4		69.20		17.30	.000		34.60	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	9	74	\$	4,747.33	\$	64.15	.003	\$	527.48	\$
NURSE ANESTHESIST	168	923	\$	18,265.30	\$	19.79	.032		108.72	\$
NURSE MIDWIFE	67	148	Ė	27,174.18		183.61	.005	Ė	405.58	\$
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00		.00	.000	Š	.00	\$
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	4	5	\$ \$	139.20		27.84	.000		34.80	\$
@TOTAL HOSPITAL	3,844	19,523	\$	1,895,179.57			.679		493.02	\$
HOSP INPATIENT TOTAL	200	757	۲				.026	Y	6313.00	Y
HSC HOSPITALS	19	127		203,232.01		1600.25	.004		10696.42	
NON HEG HOCDIENT TOTAL	182	630		1 050 267 01		1600.25				
NON-HSC HOSPITAL TOTAL	182					1681.54	.022		5820.70	
ACCOMMODATIONS	182	630		438,449.91		695.95	.022		2409.07	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	182	630		438,449.91		695.95	.022		2409.07	
ANCILLARIES	182	0		620,918.00		.00	.000		3411.64	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	3,751	18,766		632,579.65		33.71	.652		168.64	
MEDICAL	2,056	2,821		172,614.52		61.19	.098		83.96	
SURGERY	384	495		28,535.54		57.65	.017		74.31	
PATHOLOGY	2,056 384 1,466	5,018		64,010.93		12.76	.174		43.66	
RADIOLOGY	1,255	1,681		103,990.11		61.86	.058		82.86	
DOOM TICE	2 474	3,570		135,371.27		37.92	.124		54.72	
	1 7/5	5,181		128,057.28		24.72	.180		73.39	
@COUNTY HOSPITAL TOTAL	1,743	13	\$	407.91	\$	31.38	.000	Ċ		\$
CO HOSPITAL INPATIENT TOTAL	4	0	Ą	.00	ې	.00	.000	ې	.00	Ą
	0									
1100 11001 1111110		0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	4	13		407.91		31.38	.000		101.98	
MEDICAL	1	1		63.97		63.97	.000		63.97	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	1	3		20.89		6.96	.000		20.89	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	2	2		68.20		34.10	.000		34.10	
	-	_		00.20		J - 1 - 1 U			21.10	

MOP024 DEL NORTE COUNTY

CROSSOVERS/ALL OTH OUTPTNT 3 7 254.85 36.41 .000 84.95 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

							MONTHLY AVERAG			
28,773 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAY	S	COST PER	C	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG		USER	E	
@COMMUNITY HOSPITAL TOTAL	3,841	19,510	\$	1,894,771.66	\$ 97.12	.678	\$	493.30	\$	
COMM HOSP INPATIENT TOTAL	200	757		1,262,599.92	1667.90	.026		6313.00		
HSC HOSPITALS	19	127			1600.25	.004		10696.42		
NON-HSC HOSPITALS TOTAL	182	630		1,059,367.91	1681.54	.022		5820.70		
ACCOMMODATIONS	182	630		438,449.91	695.95	.022		2409.07		
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		
ALL OTHER ACCOM	182	630		438,449.91	695.95	.022		2409.07		
ANCILLARIES	182	0		620,918.00	.00	.000		3411.64		
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		
COMM HOSP OUTPATIENT TOTAL	3,748	18,753		632,171.74	33.71	.652		168.67		
MEDICAL	2,055	2,820		172,550.55	61.19	.098		83.97		
SURGERY	384	495		28,535.54	57.65	.017		74.31		
PATHOLOGY	1,465	5,015		63,990.04	12.76	.174		43.68		
RADIOLOGY	1,255	1,681		103,990.11	61.86	.058		82.86		
ROOM USE	2,472	3,568		135,303.07	37.92	.124		54.73		
CROSSOVERS/ALL OTH OUTPTNT	1,743	5,174		127,802.43	24.70	.180		73.32		
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$	.00	\$	
MENTALLY ILL	0	0		.00	.00	.000		.00		
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$	.00	\$	
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		
LEV B-REHAB MD	0	0		.00	.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		
LEV B-REGULAR	0	0		.00	.00	.000		.00		
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$	.00	\$	

ICF DDH	0	0	.00		.00	.000	)	.00	
ICF DD	0	0	.00		.00	.000	)	.00	
ICF DDN/DDCN	0	0	.00		.00	.000	)	.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	) \$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000	)	.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000	)	.00	
@REHABILITATION FACILITY	22	129 \$	3,270.70	\$	25.35	.004	<u> </u> \$	148.67	\$
HOSPITAL BASED	22	129	3,270.70		25.35	.004	Ŀ	148.67	
INDEPENDENT FACILITY	0	0	.00		.00	.000	)	.00	
@LABORATORY FACILITY	1,061	2,826 \$	44,622.94	\$	15.79	.098	\$	42.06	\$
PATHOLOGY	1,061	2,826	44,622.94		15.79	.098	3	42.06	
XO AND OTHERS	0	0	.00		.00	.000	)	.00	
@ORGANIZED OUTPATIENT CLINIC	6,715	9,528 \$	1,078,666.62	\$	113.21	.333	. \$	160.64	\$
CLINIC	39	158	5,918.38		37.46	.00!	5	151.75	
SURGICENTER	0	0	.00		.00	.000	)	.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000	)	.00	
RURAL HEALTH CLINIC	6,683	9,370	1,072,748.24		114.49	.32	5	160.52	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2005 THR	J DEC	2005	PA

CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

----- MONTHLY AVERAGE -

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

					MON	LULI AVEKA	- a
28,773 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	. <u>E</u>
@ALL OTHER PROVIDERS	1,044	11,989 \$	149,574.46	\$ 12.48	.417 \$		Ş
DURABLE MED. EQUIP.	12	31	1,541.72	49.73	.001	128.48	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00		.00	
MEDICAL TRANSPORTATION	220	8,537	95,311.23	11.16	.297	433.23	
AMBULANCES/AIR TRANS	213	5,998	70,901.20	11.82	.208	332.87	
OTHER TRANS	6	2,480	3,597.54	1.45	.086	599.59	
OTHER SERVICES	58	59	20,812.49	352.75	.002	358.84	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	40	40	4,200.00	105.00	.001	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	265	561	4,708.52	8.39	.019	17.77	
PHYSICAL THERAPIST	82	675	9,714.67	14.39	.023	118.47	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	5	18	3,734.80	207.49	.001	746.96	
PROSTHETICS	5	18	3,734.80	207.49	.001	746.96	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	47	162	6,182.15	38.16	.006	131.54	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	362	1,915	20,900.81	10.91	.067	57.74	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	25	50	3,280.56	65.61	.002	131.22	
@CALIF. CHILDREN SERVICES*	65	619 \$	180,979.06	\$ 292.37	.022 \$	2784.29	\$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT -	- TOTAL		MONT	HLY AVERAGE -
53,826 ELIGIBLES	USERS	INTTS OF SERVICE	EXPENDITURES	AVERAGE COST	IINITTS/DAVS	
55,020 HHIGIBHHS	ODERO	OR DAYS OF CARE	EXI ENDITORED	PER UNIT/DAY	DER ELIG	USER E
@TOTAL ALL PROVIDERS	40 292	UNITS OF SERVICE OR DAYS OF CARE 587,267 \$ 16,924 \$ 2,151	18 774 191 39	\$ 31 97	10.910 \$	465 95 S
@PHYSICIANS SERVICES	7 268	16 924 \$	634 226 34	\$ 37.47	.314 \$	87.26 \$ 49.36 44.91 .00 68.20 54.83 139.01 35.62 264.14 134.16 981.30 40.55 52.40 .00 552.29 644.75 190.65 2251.24 220.96 221.10 68.32 179.71 259.95 34.98 40.08 .00 69.41 65.92 344.07 \$
OUTPATIENT VISITS	1 667	2 151	82 282 80	38 25	040	49.36
OFFICE VISITS	1 429	1 783	64 173 49	35.23	033	44 91
HOME VISITS	1,125	1,703	01,173.13	00	000	00
EMERGENCY ROOM	184	218	12 548 71	57 56	004	68 20
DREVENTIVE CARE	1	1	54 83	54.83	000	54 83
OR VICITE/COMPRE DEPT	25	Д 9.7	3 475 36	39.05	000	130 01
OF VIBILEY COMIKE LEKT	5.7	62	2 030 41	32.75	001	35.62
TNDATTENT VICITE	170	629	47 280 47	75 17	012	264 14
TNEWITENI AISIIS	151	450	20 250 22	75.I7 45.02	002	12/ 16
CDITTICAL CARE	27	166	20,236.33	150.02	.000	001 20
CNE/ICE/TDANC ID CADE	2 / 1 2	100	20,493.04	159.01	.003	40 FF
ODUMNIAL MOLOGICAL CEDITIONS	150	207	7 050 44	40.55	.000	40.55
OPHTHALMOLOGICAL SERVICES	150	207	7,859.44	37.97	.004	52.40
EXAMINATIONS MAMBRIALS	150	207	7,859.44	37.97	.004	52.40
SERVICES AND MATERIALS	1.00	011	.00	.00	.000	.00
DRINGERY GURGERY	106	911 177	91,680.96	100.64	.017	552.29
PRINCIPAL SURGEON	117	1//	/5,436.13	426.19	.003	644.75
ASSISTANT SURGEON	18	18	3,431.75	190.65	.000	190.65
ANESTHESIOLOGIST	51 501	/16	12,813.08	17.90	.013	251.24
OUTPATIENT SURGERY	501	1,165	110,702.90	95.02	.022	220.96
PRINCIPAL SURGEON	457	5/6	101,041.79	1/5.42	.011	221.10
ASSISTANT SURGEON		2	136.64	68.32	.000	68.32
ANESTHESIOLOGIST	53	58 /	9,524.47	16.23	.011	1/9./1
DIALYSIS	13	34	3,3/9.34	99.39	.001	259.95
PATHOLOGY	351	605	12,276.63	20.29	.011	34.98
RADIOLOGY	3,617	5,816	144,970.44	24.93	.108	40.08
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	50	160	3,470.53	21.69	.003	69.41
OTHER SERVICES/ALL X-OVERS	1,977	5,246	130,322.83	24.84	.097	65.92
@PHARMACY	24,406	300,041 \$	8,397,324.81	\$ 27.99	5.574 \$	344.07 \$
PRESCRIPTION DRUGS	23,698	87,039	8,197,987.26	94.19	1.617	345.94
SNF/1CF	135	1,340	120,283.82	89.76	.025	890.99
OUTPATIENTS	23,569	85,699	8,077,703.44	94.26	1.592	342.73
MEDICAL SUPPLIES	1,855	213,002	199,337.55	.94	3.957	107.46
@DEN'I'IS'I'	513	2,677 \$	112,104.25	\$ 41.88	.050 \$	
VISITS - DIAGNOSTIC	3.78	1,431	22,025.00	15.39	.027	58.27
ORAL SURGERY	102	654	37,163.00	56.82	.012	364.34
DRUGS	7	10	30.00	3.00	.000	4.29
ANESTHESIA	39	39	3,800.00	97.44	.001	97.44
PERIODONTICS	10	11	553.00	50.27	.000	55.30
ENDODONTICS	19	24	2,845.00	118.54	.000	149.74
RESTORATIVE DENTISTRY	106	335	16,508.50	49.28	.006	155.74
PROSTHETICS	4	4	105.00	26.25	.000	26.25
DENTURES, STAYPLATES	64	100	25,246.00	252.46	.002	394.47
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	11	14	600.00	42.86	.000	54.55
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00

CO HOSP OUTPATIENT TOTAL

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

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SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

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DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR CASH GR	RANT -	- TOTAL				~		~-
			_				Mo			
53,826 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			,			C
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.		OR DAYS OF CARE				R UNIT/DAY			USER	E
@OPTOMETRIST	1,038	2,960	\$	56,697.81	\$	19.15	.055	\$	54.62	\$
DIAGNOSTIC AND ANC. PROCED	638	1,017		25,719.97		25.29	.019		40.31	
EYE APPLIANCES	700	1,912		30,531.16		15.97	.036		43.62	
OTHER OPTOMETRIC SERVICES	21	31		446.68		14.41	.001		21.27	
@CHIROPRACTOR	310	498	\$	8,239.67	\$	16.55	.009	\$	26.58	\$
VISITS	290	467		7,737.18		16.57	.009		26.68	
OTHER SERVICES	20	31		502.49		16.21	.001		25.12	
@PODIATRIST	285	421	\$	9,979.44	\$	23.70	.008	\$	35.02	\$
MEDICINE/INJECTIONS	171	205		6,642.19		32.40	.004		38.84	
SURGERY/ANES.	7	11		436.88		39.72	.000		62.41	
RADIO./PATHOLOGY	20	29				17.54	.001		25.43	
OTHER	106	176		508.63 2,391.74		13.59	.003		22.56	
@HOME HEALTH AGENCY	52	662	Ś	39,418.10	Ś	59.54	.012	Ś		\$
NURSE ANESTHESIST	302	1,629	Š	32,248.57	Š	19.80	.030			\$
NURSE MIDWIFE	7 20 106 52 302 76	170	Š	31,841.27	\$	187.30	.003		418.96	\$
PEDIATRIC NURSE PRACTITIONER	, 0	0	Š	.00		.00	.000		.00	\$
FAMILY NURSE PRACTITIONER	4		Š	139.20		27.84	.000		34.80	\$
@TOTAL HOSPITAL	8 588	5 44,054	Ċ	5,803,917.06		131.75	.818			\$
UOCD INDATIFNT TOTAL	677	1,942	۲	4,344,447.74	۲	2237.10	.036	Υ	6417.20	Y
UCC UCCDITALC	41	248		388,342.01		1565.90	.005		9471.76	
MON HEC HOCDITAL TOTAL	410	1,694				2246 01	.003		9283.58	
ACCOMMODATIONS	410	1,694		1,353,918.16		2246.91 799.24	.031		3302.24	
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INDATIENT CROSSOVERS	410	1,694		1,353,910.10		.00	.000		.00	
TDANCITIONAL TO CARE	0	0		.00		.00	.000		.00	
TRANSTITUNAL IP CARE	410	-								
ALL OTHER ACCOM	410	1,694		1,353,918.16		799.24	.031		3302.24	
ANCILLARIES	409	0		2,452,350.44		.00	.000		5995.97	
INPATIENT CROSSOVERS	231	0		149,837.13		.00	.000		648.65	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	8,2/4	42,112		1,459,469.32		.00 34.66 62.90	.782		176.39	
MEDICAL	3,788	6,328		398,023.23					105.07	
SURGERY	739	942		57,457.05		60.99	.018		77.75	
PATHOLOGY	3,040	12,289		150,456.75		12.24	.228		49.49	
RADIOLOGY	2,807	3,987		291,515.53		73.12			103.85	
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	4,165	6,425		250,246.65		38.95	.119		60.08	
CROSSOVERS/ALL OTH OUTPTNT	4,280	12,141		311,770.11		25.68	.226		72.84	
@COUNTY HOSPITAL TOTAL	15	41	\$	9,079.68	\$		.001	\$		\$
CO HOSPITAL INPATIENT TOTAL	2	7		8,120.00		1160.00	.000		4060.00	
1100 11001 1111111111111111111111111111		7		8,120.00		1160.00	.000		4060.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOOD OHEDINETENE HORIT	1.0	2.4		050 60		0000	0.01		ПО ОО	

34

959.68

28.23

.001

73.82

MEDICAL	4	4	132.15	33.04	.000	33.04
SURGERY	1	1	70.60	70.60	.000	70.60
PATHOLOGY	2	10	81.13	8.11	.000	40.57
RADIOLOGY	1	4	71.50	17.88	.000	71.50
ROOM USE	5	5	170.21	34.04	.000	34.04
CROSSOVERS/ALL OTH OUTPIN	Г 6	10	434.09	43.41	.000	72.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DE	C 2005

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR CASH G	RANT -	- TOTAL				
						MON	THLY AVERA	AGE -
53,826 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CAR	E.		PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	8,579	44,013	\$	5,794,837.38	\$ 131.66	.818 \$	675.47	\$
COMM HOSP INPATIENT TOTAL	676	1,935		4,336,327.74	2241.00	.036	6414.69	
HSC HOSPITALS	39	241		380,222.01	1577.68	.004	9749.28	
NON-HSC HOSPITALS TOTAL	410	1,694		3,806,268.60	2246.91	.031	9283.58	
ACCOMMODATIONS	410	1,694		1,353,918.16	799.24	.031	3302.24	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	410	1,694		1,353,918.16	799.24	.031	3302.24	
ANCILLARIES	409	0		2,452,350.44	.00	.000	5995.97	
INPATIENT CROSSOVERS	231	0		149,837.13	.00	.000	648.65	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	8,265	42,078		1,458,509.64	34.66	.782	176.47	
MEDICAL	3,784	6,324		397,891.08	62.92	.117	105.15	
SURGERY	738	941		57,386.45	60.98	.017	77.76	
PATHOLOGY	3,039	12,279		150,375.62	12.25	.228	49.48	
RADIOLOGY	2,806	3,983		291,444.03	73.17	.074	103.86	
ROOM USE	4,161	6,420		250,076.44	38.95	.119	60.10	
CROSSOVERS/ALL OTH OUTPTNT	4,275	12,131		311,336.02	25.66	.225	72.83	
@STATE HOSPITAL	. 12	, 365	\$	256,167.95	\$ 701.83		21347.33	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	·
DEVELOP. DISABLED	12	365		256,167.95	701.83	.007	21347.33	
@NURSING FACILITY	124	2,330	\$	366,335.89	\$ 157.23		2954.32	\$
LEV A-INTERMEDIATE	0	_,	7	.00	.00	.000	.00	т
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	1	8		4,640.56	580.07	.000	4640.56	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	123	2,322		361,695.33	155.77	.043	2940.61	
@INTERMEDIATE CARE FACILDD	0	_,	\$	.00	\$ .00	.000 \$		\$
ICF DDH	0	0	7	.00	.00	.000	.00	т
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	43	230	\$	34,520.29	\$ 150.09	.004 \$		\$
HOSPITAL BASED	0	0	7	.00	.00	.000	.00	т
HEMODIALYSIS CENTER	43	230		34,520.29	150.09	.004	802.80	
@REHABILITATION FACILITY	27	158	\$	4,279.40	\$ 27.08	.003 \$		\$
HOSPITAL BASED	27	158	۲	4,279.40	27.08	.003	158.50	۲
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	2,676	8,505	Ś	121,505.91	\$ 14.29	.158 \$		\$
PATHOLOGY	2,671	8,487	۲	121,431.74	14.31	.158	45.46	۲
XO AND OTHERS	5	18		74.17	4.12	.000	14.83	
@ORGANIZED OUTPATIENT CLINIC	14,259	21,203	\$	2,101,005.71	\$ 99.09	.394 \$		\$
CLINIC	51	175	٣	7,335.75	41.92	.003	143.84	٣
J	31	175		,,333.73	11.72	• • • •	110.01	

SURGICENTER	3	21	965.47	45.97	.000	321.82
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	14,217	21,007	2,092,704.49	99.62	.390	147.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU D	EC 2005

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

DEE NORTH COONTI	DOMINANT OF DER	VICED FOR CADIL GRAIVE	IOIAL				
					MON'	THLY AVERAC	GE -
53,826 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	4,136	184,435 \$	764,239.72	\$ 4.14	3.427 \$	184.78	\$
DURABLE MED. EQUIP.	188	429	99,813.21	232.66	.008	530.92	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	2	4	818.23	204.56	.000	409.12	
MEDICAL TRANSPORTATION	715	105,838	356,180.64	3.37	1.966	498.15	
AMBULANCES/AIR TRANS	611	16,675	182,668.12	10.95	.310	298.97	
OTHER TRANS	99	88,515	130,627.18	1.48	1.644	1319.47	
OTHER SERVICES	164	648	42,885.34	66.18	.012	261.50	
ACUPUNCTURE	8	21	368.83	17.56	.000	46.10	
ADULT DAY HEALTH CARE CTR	13	239	16,640.06	69.62	.004	1280.00	
GENETIC DISEASE TESTING	53	53	5,565.00	105.00	.001	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	23	88	11,160.31	126.82	.002	485.23	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	966	2,396	22,759.58	9.50		23.56	
PHYSICAL THERAPIST	300	2,803	42,352.65	15.11		141.18	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	28	148	31,811.61			1136.13	
PROSTHETICS	28	148	31,811.61	214.94	.003	1136.13	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	5	10	124.85	12.49		24.97	
SPEECH AND AUDIOLOGY	86	306	11,569.53		.006	134.53	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	724	6,928	59,371.16	8.57	.129	82.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	

ALL OTHER PROVIDERS	1,193	65,172	105,704.06	1.62	1.211	88.60	
@CALIF. CHILDREN SERVICES*	174	2,619	\$ 397,689.53	\$ 151.85	.049	\$ 2285.57	\$
@XOVER EXCLUDING STATE HOSP**	3,668	49,268	\$ 439,459.28	\$ 8.92	.915	\$ 119.81	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69 ---- MONTHLY AVERAGE -USERS UNITS OF SERVICE EXPENDITURES 279 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @TOTAL, ALL PROVIDERS 115 363 19,080.70 \$ 52.56 1.301 \$ 165.92 24 @PHYSICIANS SERVICES 40 \$ 480.82 12.02 .143 \$ 20.03 Ś 119.45 29.86 . 014 39.82 OUTPATIENT VISITS OFFICE VISITS 119.45 29.86 .014 39.82 .00 .00 .000 . 00 HOME VISITS .00 .000 EMERGENCY ROOM .00 .00 PREVENTIVE CARE .00 .00 . 000 . 00 .00 .00 .000 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .000 CRITICAL CARE .00 .00 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .000 OPHTHALMOLOGICAL SERVICES .00 .00 EXAMINATIONS .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY 60.00 60.00 .004 60.00 60.00 60.00 .004 60.00 PRINCIPAL SURGEON .00 .000 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .000 OUTPATIENT SURGERY .00 .00 .00 PRINCIPAL SURGEON . 00 . 000 . 00 .00 . 00 . 000 ASSISTANT SURGEON . 00 ANESTHESIOLOGIST .00 .00 .000 . 00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .000 .00 161.36 8.49 . 068 RADIOLOGY 19 10.09 0 .00 .00 .000 .00 PSYCHIATRY 75.00 5.00 .054 18.75 IMMUNIZATION AND INJECTION 4 15 OTHER SERVICES/ALL X-OVERS 1 1 65.01 65.01 .004 65.01 @PHARMACY 41 94 2,317.83 24.66 .337 \$ 56.53 PRESCRIPTION DRUGS 41 94 2,317.83 24.66 . 337 56.53 Ο Ω .00 .000 .00 SNF/ICF .00 24.66 .337 56.53 OUTPATIENTS 41 94 2,317.83 MEDICAL SUPPLIES Ω 0 .00 .000 .00 .00 .000 S @DENTIST .00 .00 .00 VISITS - DIAGNOSTIC .00 .00 .000 .00 ORAL SURGERY .00 .00 .000 .00 DRUGS .00 .00 .000 .00 .00 .00 .000 .00 ANESTHESIA .00 .00 .000 PERIODONTICS .00 .00 .00 .000 ENDODONTICS .00 RESTORATIVE DENTISTRY .00 .00 .000 .00

PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	005 THRU DEC	2005
MOP024	FEE-FOR-SERVICE/DENT	AL				
DET MODEE COIDIEM	CIDALIDII OF CEDILICES	HOD 10E0 DD00	D314 T31E331EG 3.TD	00DE0 4E	<b>CO</b>	

DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR	185%	PROGRAM -	- INFANTS	AID	CODES 47	69				
								M	ГИО	HLY AVERA	4GE	-
279 ELIGIBLES	USERS	UNITS OF	SERV	ICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		C
		OR DAYS	OF C	ARE				PER ELIG				E
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		
EYE APPLIANCES	0		0		.00		.00	.000		.00		
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
VISITS	0		0	·	.00	•	.00	.000	·	.00	·	
OTHER SERVICES	0		0		.00		.00	.000		.00		
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
MEDICINE/INJECTIONS	0		0	·	.00		.00	.000	•	.00		
SURGERY/ANES.	0		0		.00		.00	.000		.00		
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		
OTHER	0		0		.00		.00	.000		.00		
@HOME HEALTH AGENCY	0		0	Ś	.00	\$	.00	.000	\$	.00	\$	
NURSE ANESTHESIST	0		0	\$ \$	.00	Ė	.00	.000	\$	.00	\$	
NURSE MIDWIFE	0		0	Ė	.00	Ė	.00	.000		.00	Ė	
PEDIATRIC NURSE PRACTITIONER	0		0	\$ \$ \$	.00	Ė	.00	.000		.00	Ė	
FAMILY NURSE PRACTITIONER	0		0	Ė	.00	Ė	.00	.000		.00	Ė	
@TOTAL HOSPITAL	27		127	Ė	5,182.61	Ė		.455		191.95	Ė	
HOSP INPATIENT TOTAL	1		2	'	1,716.67		858.34	.007	•	1716.67	'	
HSC HOSPITALS	0		0		.00		.00	.000		.00		
NON-HSC HOSPITAL TOTAL	1		2		1,716.67		858.34	.007		1716.67		
ACCOMMODATIONS	1		2		1,297.44		648.72	.007		1297.44		
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		
ALL OTHER ACCOM	1		2		1,297.44			.007		1297.44		
ANCILLARIES	1		0		419.23		.00	.000		419.23		
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	26		125		3,465.94		27.73	.448		133.31		
MEDICAL	18		33		1,876.95		56.88	.118		104.28		
SURGERY	0		0		.00		.00	.000		.00		
PATHOLOGY	10		36		330.59		9.18	.129		33.06		
RADIOLOGY	12		16		216.79		13.55	.057		18.07		
ROOM USE	18		25		825.72		33.03	.090		45.87		
CROSSOVERS/ALL OTH OUTPTNT	11		15		215.89		14.39	.054		19.63		
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
CO HOSPITAL INPATIENT TOTAL	0		0	'	.00		.00	.000	•	.00	'	
HSC HOSPITALS	0		0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		
ACCOMMODATIONS	0		0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0 0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN 2	005 THRU DEC	2005	PΑ
MOP024	FEE-FOR-SERVICE						
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	I - INFANTS	AID CODES 47	69		
					MONT	'HLY AVERA	GE -
279 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	27	127 \$	5,182.61	\$ 40.81	.455 \$	191.95	\$
COMM HOSP INPATIENT TOTAL	1	2	1,716.67	858.34	.007	1716.67	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	1	2	1,716.67	858.34	.007	1716.67	
ACCOMMODATIONS	1	2 0 0	1,297.44	648.72	.007	1297.44	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	2	1,297.44	648.72	.007	1297.44	
ANCILLARIES	1	0	419.23	.00	.000	419.23	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	26	125	3,465.94	27.73	.448	133.31	
MEDICAL	18	33	1,876.95	56.88	.118	104.28	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	10	36	330.59	9.18	.129	33.06	
RADIOLOGY	12	16	216.79	13.55	.057	18.07	
ROOM USE	18	25	825.72	33.03	.090	45.87	
CROSSOVERS/ALL OTH OUTPTNT	11	15	215.89	14.39	.054	19.63	
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
THE D DECLETED	^	^	0.0	0.0	0.00	0.0	

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239.45

239.45

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@LABORATORY FACILITY	7	7	\$ 93.66	\$	13.38	.025 \$	13.38	Ċ
PATHOLOGY	7	7	93.66	Ą	13.38	.025	13.38	Ÿ
XO AND OTHERS	,	0	.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	74		\$ 10,766.33		117.03	.330 \$		\$
CLINIC CLINIC	0	0	.00		.00	.000	.00	Ą
SURGICENTER	0	0			.00	.000	.00	
	_	_	.00					
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	74	92	10,766.33		117.03	.330	145.49	
			S MONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2005 THRU DE	C 2005	PΑ
	FEE-FOR-SERVIC							
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR 185% PRO	GRAM - INFANTS	AID	CODES 47			<b>~</b> =
000 01 10101 00	HARRA					MON		
279 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS		C
	_	OR DAYS OF CARE				PER ELIG	USER	. E
@ALL OTHER PROVIDERS	0		\$ .00	\$	.00	.000 \$		\$
DURABLE MED. EQUIP.	0	0	.00		.00	.000	.00	
BLOOD BANK	0	0	.00		.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00		.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00		.00	.000	.00	
OTHER TRANS	0	0	.00		.00	.000	.00	
OTHER SERVICES	0	0	.00		.00	.000	.00	
ACUPUNCTURE	0	0	.00		.00	.000	.00	
	0	0	.00		.00	.000	.00	
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	0	0	.00		.00	.000	.00	
THMC MODEL NE NE AIDS MSSD	0	0	.00		.00	.000	.00	
	0	0	.00		.00	.000	.00	
ODTICIAN	0	0	.00		.00	.000	.00	
OFICIAN	0	0						
PHISICAL INEXAPISI	0	0	.00		.00	.000	.00	
PORTABLE X-RAY	0	0	.00		.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00	
PROSTHETICS	0	0	.00		.00	.000	.00	
	0	0	.00		.00	.000	.00	
PSYCHOLOGIST	0	0	.00		.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	
HOSPICE SERVICES	0	0	.00		.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0		.00		.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$	.00	.000 \$	.00	\$
@XOVER EXCLUDING STATE HOSP**	. 0	0	\$ .00	Ė	.00	.000 \$	.00	\$
@* TOTALS IN THESE LINES ARE		RATE INFORMATION IT		7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		т
THE AMOUNTS ARE ALREADY IN								
** THESE DATA ARE INCLUDED I								
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT R	тдОдд	FOR JAN 1	מת נוששי אחר	C 2005	PA
MOP024	FEE-FOR-SERVIC			LDI OICI	1010 01110 2	LOUS TIMO DE	C 2005	11.
DEL NORTE COUNTY		VICES FOR 185% PRO	GRAM - PREGNANT A	יבט כטו	DES 44 48	49		
MOKIE COOMII	DOMMAN OF BER	VICES FOR 100% PRO	CKAN - FREGUANT A	ידה כחו	7EU 44 40	MON	ים אווד. אווד סי	CF -
ממל בודכוםובם	USERS	UNITS OF SERVICE	EXPENDITURES	7/ 7/ 77	O V C E C C C T	UNITS/DAYS		
386 ELIGIBLES	CALCO	OR DAYS OF CARE	EVLENDIIOKES			PER ELIG	USER	C E
	440		ė 250 100 40		,			
@TOTAL, ALL PROVIDERS	448		\$ 250,199.42	\$	78.93	8.212 \$		\$
@PHYSICIANS SERVICES	110	189	\$ 10,410.99	\$	55.08	.490 \$	94.65	\$

OUTPATIENT VISITS	11	15	791.82		52.79	.0	3 9	71.98	
OFFICE VISITS	5	5	236.31		47.26	.0	13	47.26	
HOME VISITS	0	0	.00		.00	.0	00	.00	
EMERGENCY ROOM	1	1	108.08	1	08.08	.0	03	108.08	
PREVENTIVE CARE	0	0	.00		.00	.0	00	.00	
OB VISITS/COMPRE PERI	5	8	426.49		53.31	. 0	21	85.30	
OTHER OUTPATIENT	1	1	20.94		20.94	.0	03	20.94	
INPATIENT VISITS	7	21	760.09		36.19	.0	54	108.58	
HOSPITAL VISITS	7	21	760.09		36.19	.0	54	108.58	
CRITICAL CARE	0	0	.00		.00	.0	00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.0	00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.0	00	.00	
EXAMINATIONS	0	0	.00		.00	.0	00	.00	
SERVICES AND MATERIALS	0	0	.00		.00	.0	00	.00	
INPATIENT HOSPITAL SURGERY	9	33	4,148.60	1	25.72	.0	35	460.96	
PRINCIPAL SURGEON	7	8	3,456.27	4	32.03	. 0		493.75	
ASSISTANT SURGEON	1	1	186.50	1	86.50	.0	03	186.50	
ANESTHESIOLOGIST	2	24	505.83		21.08	.0	52	252.92	
OUTPATIENT SURGERY	7	7	974.95		39.28	. 0		139.28	
PRINCIPAL SURGEON	7	7	974.95	1	39.28	. 0		139.28	
ASSISTANT SURGEON	0	0	.00		.00	.0	00	.00	
ANESTHESIOLOGIST	0	0	.00		.00	.0	00	.00	
DIALYSIS	0	0	.00		.00	.0	00	.00	
PATHOLOGY	8	10	373.24		37.32	. 0	26	46.66	
RADIOLOGY	85	100	3,250.69		32.51		59	38.24	
PSYCHIATRY	0	0	.00		.00		00	.00	
IMMUNIZATION AND INJECTION	1	1	57.76		57.76		03	57.76	
OTHER SERVICES/ALL X-OVERS	2	2	53.84		26.92	. 0		26.92	
@PHARMACY	103	217	\$		43.05			\$ 90.70	\$
PRESCRIPTION DRUGS	88	165	5,693.06		34.50	. 4		64.69	
SNF/ICF	0	0	.00		.00		00	.00	
OUTPATIENTS	88	165	5,693.06		34.50		27	64.69	
MEDICAL SUPPLIES	21	52	3,648.73		70.17		35	173.75	
@DENTIST	0	0	\$ .00	\$	.00		00	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00		.00	.0		.00	
ORAL SURGERY	0	0	.00		.00	.0	00	.00	

DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2005 THRU DEC	2005

MOP024 FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY

SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

PA

MONTHLY AVERAGE 386 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	-
386 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	_
	C F
	브
@OPTOMETRIST 0 \$ .00 \$ .00 \$ .00 \$	
DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00	
EYE APPLIANCES 0 0 .00 .00 .00 .00	
OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00	
@CHIROPRACTOR 0 0 \$ .00 \$ .00 \$ .00 \$	
VISITS 0 0 .00 .00 .00 .00	
OTHER SERVICES 0 0 .00 .00 .00 .00	
@PODIATRIST 0 0 \$ .00 \$ .00 \$ .00 \$	
MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00	
SURGERY/ANES. 0 0 .00 .00 .00 .00	
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00	
OTHER 0 0 .00 .00 .00 .00	
@HOME HEALTH AGENCY 0 0 \$ .00 \$ .00 \$ .00 \$	
NURSE ANESTHESIST 16 73 \$ 1,708.95 \$ 23.41 .189 \$ 106.81 \$	
NURSE MIDWIFE 17 37 \$ 5,034.49 \$ 136.07 .096 \$ 296.15 \$	
PEDIATRIC NURSE PRACTITIONER 0 0 \$ .00 \$ .00 \$ .00 \$	
FAMILY NURSE PRACTITIONER 0 0 \$ .00 \$ .00 \$ .00 \$	
@TOTAL HOSPITAL 286 2,383 \$ 205,752.65 \$ 86.34 6.174 \$ 719.41 \$	
HOSP INPATIENT TOTAL 29 125 141,533.32 1132.27 .324 4880.46	
HSC HOSPITALS 1 13 15,678.04 1206.00 .034 15678.04	
NON-HSC HOSPITAL TOTAL 28 112 125,855.28 1123.71 .290 4494.83	
ACCOMMODATIONS 28 112 57,834.13 516.38 .290 2065.50	
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	
ALL OTHER ACCOM 28 112 57,834.13 516.38 .290 2065.50	
ANCILLARIES 28 0 68,021.15 .00 .000 2429.33	
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	
HOSP OUTPATIENT TOTAL 274 2,258 64,219.33 28.44 5.850 234.38	
MEDICAL 67 81 5,081.75 62.74 .210 75.85	
SURGERY 21 31 937.54 30.24 .080 44.64	
PATHOLOGY 114 638 8,627.94 13.52 1.653 75.68	
RADIOLOGY 72 80 5,238.02 65.48 .207 72.75	
ROOM USE 202 342 11,696.63 34.20 .886 57.90	
CROSSOVERS/ALL OTH OUTPTNT 186 1,086 32,637.45 30.05 2.813 175.47	
@COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 \$ .00 \$	
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00	

HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU D	EC 2005
MOP024	FEE-FOR-SERVICE/DENTA	L				

DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

						M	ГИО	THLY AVERA	GE -
386 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERA	GE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE		PER U	NIT/DAY	PER ELIG		USER	E
@COMMUNITY HOSPITAL TOTAL	286	2,383	\$ 205,752.65	\$	86.34	6.174	\$	719.41	\$
COMM HOSP INPATIENT TOTAL	29	125	141,533.32	11	32.27	.324		4880.46	
HSC HOSPITALS	1	13	15,678.04	12	06.00	.034		15678.04	
NON-HSC HOSPITALS TOTAL	28	112	125,855.28	11	23.71	.290		4494.83	
ACCOMMODATIONS	28	112	57,834.13	5	16.38	.290		2065.50	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
ALL OTHER ACCOM	28	112	57,834.13	5	16.38	.290		2065.50	
ANCILLARIES	28	0	68,021.15		.00	.000		2429.33	
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	274	2,258	64,219.33		.00 28.44	5.850		234.38	
MEDICAL	67	81	5,081.75		62.74	.210		75.85	
SURGERY	21	31	937.54		30.24	.080		44.64	
PATHOLOGY	114	638	8,627.94		13.52	1.653		75.68	
RADIOLOGY	72	80	5,238.02		65.48	.207		72.75	
ROOM USE	202	342	11,696.63		34.20	.886		57.90	
CROSSOVERS/ALL OTH OUTPINT	186	1,086	32,637.45		30.05	2.813		175.47	
@STATE HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0	.00		.00	.000		.00	
DEVELOP. DISABLED	0	0	.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$ .00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00	
LEV B-REHAB MD	0	0	.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
LEV B-REGULAR	0	0	.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	.00		.00	.000		.00	
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$

HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	44	70 \$	1,297.03	\$	18.53	.181	\$	29.48	\$
PATHOLOGY	44	70	1,297.03		18.53	.181		29.48	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	60	101 \$	12,406.72	\$	122.84	.262	\$	206.78	\$
CLINIC	1	5	300.29		60.06	.013		300.29	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	59	96	12,106.43		126.11	.249		205.19	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2005 THRU	DEC	2005	PΔ

MOP024 FEE-FOR-SERVICES AND F

DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

					MON	LULI AVEKA	.GE -
386 ELIGIBLES	USERS (	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	19	100 \$	4,246.80	\$ 42.47	.259 \$	223.52	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	84	2,566.80	30.56	.218	855.60	
AMBULANCES/AIR TRANS	3	83	1,291.80	15.56	.215	430.60	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	1,275.00	1275.00	.003	1275.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	16	16	1,680.00	105.00	.041	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$
@* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPARA	TE INFORMATION ITEM O	NLY;				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

----- MONTHLY AVERAGE -

PA

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES M

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

							MO	TNC	HLY AVERA	.GE -
03 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER	C
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	16	61	\$	4,550.67	\$	74.60	20.333	\$	284.42	\$
@PHYSICIANS SERVICES	3	5	\$	434.82	\$	86.96	1.667	\$	144.94	\$
OUTPATIENT VISITS	0	0		.00		.00	.000		.00	
OFFICE VISITS	0	0		.00		.00	.000		.00	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	
INPATIENT VISITS	0	0		.00		.00	.000		.00	
HOSPITAL VISITS	0	0		.00		.00	.000		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	2	2		287.97		143.99	.667		143.99	
PRINCIPAL SURGEON	2	2		287.97		143.99	.667		143.99	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0								
	0	0		.00		.00	.000		.00	
DIALYSIS		0		.00		.00	.000		.00	
PATHOLOGY	0			.00		.00	.000		.00	
RADIOLOGY	3	3		146.85		48.95	1.000		48.95	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00	
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00	
SNF/ICF	0	0		.00		.00	.000		.00	
OUTPATIENTS	0	0		.00		.00	.000		.00	
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00	
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00	
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	005 THRU 1	DEC	2005	PA
MOP024	FEE-FOR-SERVICE	/DENTAL								

#CALIF DEPT OF HEALTH SERV FEE-FOR-SERVICE/DENTAL MOP024

----- MONTHLY AVERAGE -

03 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST	UNITS/DAY	S	COST PER	C
@OPTOMETRIST	0	OR DAYS OF CARE	Ċ.	.00	PE.	R UNIT/DAY	PER ELIG		USER .00	E S
DIAGNOSTIC AND ANC. PROCED	0	0	\$	.00	Þ	.00	.000	Þ	.00	Þ
EYE APPLIANCES	0	0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0								
@CHIROPRACTOR	0	0	Ċ.	.00	\$	.00	.000	۲.	.00	<b>.</b>
	0	0	\$	.00	Þ	.00		Þ	.00	Þ
VISITS OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	۲,	.00	.000	۲.	.00	<b>.</b>
	0	0	Ş	.00	\$	.00	.000	Ş	.00	Ş
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER @HOME HEALTH AGENCY	0	0	Ċ.	.00	4	.00	.000	4	.00	Ċ
WHOME HEALTH AGENCY NURSE ANESTHESIST	0	15	ې د	.00	Ş	.00	.000	Ş	.00	Ş
	∠	15 3	ې د	242.77	Ş	16.18	5.000	Ş	121.39	ې د
NURSE MIDWIFE	1	0	ې د	627.85	Ş	209.28	1.000	Ş	627.85	Ş d
PEDIATRIC NURSE PRACTITIONER	0	0	ې ت	.00	Ş	.00	.000		.00	Ş
FAMILY NURSE PRACTITIONER	0	0	Ş	.00		.00	.000		.00	Ş
@TOTAL HOSPITAL	8	33	Ş	2,965.43	Ş	89.86	11.000	Ş		Ş
HOSP INPATIENT TOTAL	1	2		2,079.32		1039.66	.667		2079.32	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	1	2		2,079.32		1039.66	.667		2079.32	
ACCOMMODATIONS	1	2		1,036.68			.667		1036.68	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	1	2		1,036.68		518.34	.667		1036.68	
ANCILLARIES	1	0		1,042.64		.00	.000		1042.64	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	8	31		886.11		28.58	10.333		110.76	
MEDICAL	2	2		79.02		39.51	.667		39.51	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	2	3		107.50		35.83	1.000		53.75	

RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	6	6	197.33	32.89	2.000	32.89	
CROSSOVERS/ALL OTH OUTPTNT	6	20	502.26	25.11	6.667	83.71	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JAN	2005 THRU DE	Z 2005	PA
MOP024	FEE-FOR-SERVICE/DEN	TAL					

SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

DEL NORTE COUNTY

DEL NORIE COUNTY	SUMMARY OF SERV.	ICES FOR	6U-DAY	POSI	PARTUM PROGRAM		AID CODE					
								M			.GE -	
03 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	C	
		OR DAYS	OF CARE			PEF	R UNIT/DAY	PER ELIG		USER	E	
@COMMUNITY HOSPITAL TOTAL	8		33	\$	2,965.43				\$	370.68	\$	
COMM HOSP INPATIENT TOTAL	1		2		2,079.32		1039.66	.667		2079.32		
HSC HOSPITALS	0		0							.00		
NON-HSC HOSPITALS TOTAL	1		2				1039.66			2079.32		
ACCOMMODATIONS	1		2		1,036.68		518.34	.667		1036.68		
ADMINISTRATIVE DAYS	0		0				.00	.000		.00		
TRANSITIONAL IP CARE	0		0		.00		.00			.00		
ALL OTHER ACCOM	1		2		1,036.68		518.34	.667		1036.68		
ANCILLARIES	1		0		1,042.64		.00	.000		1042.64		
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		
COMM HOSP OUTPATIENT TOTAL	8		31		886.11		28.58	10.333		110.76		
MEDICAL	2		2		79.02		39.51	.667		39.51		
SURGERY	0		0		.00		.00	.000		.00		
PATHOLOGY	2		3		107.50		35.83	1.000		53.75		
RADIOLOGY	0		0		.00		.00	.000		.00		
ROOM USE	6		6		197.33		32.89	2.000		32.89		
CROSSOVERS/ALL OTH OUTPTNT	6		20		502.26		25.11	6.667		83.71		
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
MENTALLY ILL	0		0		.00		.00	.000		.00		
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		
LEV B-REHAB MD	0		0		.00		.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		
LEV B-REGULAR	0		0		.00		.00	.000		.00		

@INTERMEDIATE CARE FACILDD	0		0 \$		.00	\$	.00	.000	\$	.00	\$
ICF DDH	0		0		.00		.00	.000		.00	
ICF DD	0		0		.00		.00	.000		.00	
ICF DDN/DDCN	0		0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0		0 \$		.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0		0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0		0 \$		.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0		0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00	
@LABORATORY FACILITY	3		4 \$		63.80	\$	15.95	1.333	\$	21.27	\$
PATHOLOGY	3		4		63.80		15.95	1.333		21.27	
XO AND OTHERS	0		0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	1		1 \$		216.00	\$	216.00	.333	\$	216.00	\$
CLINIC	0		0		.00		.00	.000		.00	
SURGICENTER	0		0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	1		1		216.00		216.00	.333		216.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES			MONTH-OF-PA	YMENT I	REPORT	FOR JAN	2005 THRU	DEC	2005	PΑ
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----- MONTHLY AVERAGE -

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY			C
@ALL OTHER PROVIDERS	0	OR DAIS OF CARE	.00	\$ .00	.000 \$	.00 \$	Ŀ
DURABLE MED. EQUIP.	0	0 5	.00	.00	.000 \$	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPAR	ATE INFORMATION ITEM ON	LY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR 185% AND 60	J-DAY PP TOTAL, COL	DES 44 47 48 45	MONI	א משווא עוטי	CE -
668 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			C C
000 EDIGIBLES	OSEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	E
@TOTAL, ALL PROVIDERS	579	3,594 \$	273,830.79	\$ 76.19	5.380 \$	472.94	\$
@PHYSICIANS SERVICES	137	234 \$	11,326.63	\$ 48.40	.350 \$	82.68	۶ \$
OUTPATIENT VISITS	14	19	911.27	47.96	.028	65.09	ې
OFFICE VISITS	8	9	355.76	39.53	.013	44.47	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	1	108.08	108.08	.001	108.08	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	5	8	426.49	53.31	.012	85.30	
OTHER OUTPATIENT	1	1	20.94	20.94	.012	20.94	
INPATIENT VISITS	7	21	760.09	36.19	.031	108.58	
HOSPITAL VISITS	7	21	760.09	36.19	.031	108.58	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES EXAMINATIONS	0	0	.00	.00		.00	
SERVICES AND MATERIALS	0	0	.00		.000	.00	
INPATIENT HOSPITAL SURGERY	10	34		.00			
	8	9	4,208.60	123.78	.051	420.86	
PRINCIPAL SURGEON	1	1	3,516.27 186.50	390.70 186.50	.013	439.53	
ASSISTANT SURGEON ANESTHESIOLOGIST	2	24	505.83	21.08	.001	186.50	
	9	9			.036	252.92	
OUTPATIENT SURGERY	9	9	1,262.92	140.32	.013	140.32	
PRINCIPAL SURGEON	0	0	1,262.92 .00	140.32	.013	140.32	
ASSISTANT SURGEON	0	0	.00	.00		.00	
ANESTHESIOLOGIST	0	0		.00	.000		
DIALYSIS	8		.00	.00	.000	.00	
PATHOLOGY	104	10	373.24	37.32	.015	46.66	
RADIOLOGY	0	122	3,558.90	29.17	.183	34.22	
PSYCHIATRY		0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	5	16	132.76	8.30	.024	26.55	
OTHER SERVICES/ALL X-OVERS	3	3	118.85	39.62	.004	39.62	4
@PHARMACY	144	311 \$	11,659.62	\$ 37.49	.466 \$	80.97	\$
PRESCRIPTION DRUGS	129	259	8,010.89	30.93	.388	62.10	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	129	259	8,010.89	30.93	.388	62.10	
MEDICAL SUPPLIES	21	52	3,648.73	70.17	.078	173.75	4
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY		· ·	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA		0	.00	.00	.000	.00	
PERIODONTICS	0		.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

					MONTHLY AVERAGE -				-		
668 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		C
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		E
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		
EYE APPLIANCES	0	0		.00		.00	.000		.00		
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
VISITS	0	0		.00		.00	.000		.00		
OTHER SERVICES	0	0		.00		.00	.000		.00		
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		
SURGERY/ANES.	0	0		.00		.00	.000		.00		
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		
OTHER	0	0		.00		.00	.000		.00		
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE ANESTHESIST	18	88	Ė	1,951.72	\$	22.18	.132	\$	108.43	Ė	
NURSE MIDWIFE	18	40	Ė	5,662.34	\$	141.56	.060	\$	314.57	Ė	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	Ė	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	Ė	
@TOTAL HOSPITAL	321		S	213,900.69	\$	84.11	3.807		666.36	Š	
HOSP INPATIENT TOTAL	31	129		145,329.31	'	1126.58	.193	'	4688.04		
HSC HOSPITALS	1	13		15,678.04		1206.00	.019		15678.04		
NON-HSC HOSPITAL TOTAL	30	116		129,651.27		1117.68	.174		4321.71		
ACCOMMODATIONS	30	116		60,168.25		518.69	.174		2005.61		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	30	116		60,168.25		518.69	.174		2005.61		
ANCILLARIES	30	0		69,483.02		.00	.000		2316.10		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	308	2,414		68,571.38		28.41	3.614		222.63		
MEDICAL	87	116		7,037.72		60.67	.174		80.89		
SURGERY	21	31		937.54		30.24	.046		44.64		
PATHOLOGY	126	677		9,066.03		13.39	1.013		71.95		
RADIOLOGY	84	96		5,454.81		56.82	.144		64.94		
ROOM USE	226	373		12,719.68		34.10	.558		56.28		
CROSSOVERS/ALL OTH OUTPTNT	203	1,121		33,355.60		29.76	1.678		164.31		
@COUNTY HOSPITAL TOTAL	0	•	\$	.00	\$	.00		\$	.00	\$	
CO HOSPITAL INPATIENT TOTAL	0	0	т	.00	т	.00	.000	т	.00	т	
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
	ū	•									

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALLE DEDE OF HEVLEH CEDA	MEDI CAI CEDUTCEC AM	D EADEMDIALIDEG WOMA	TIL OF DYAMENT DEDODE	EOD TAM	SOUR WILDII DEC	1 2005

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

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MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR 185% AN	D 60	J-DAY PP TOTAL, COL	ES 44 47 48 49	9 69 76			
						MO	NTHLY AVER	AGE -	
668 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	
@COMMUNITY HOSPITAL TOTAL	321	2,543	\$	213,900.69	\$ 84.11	3.807	\$ 666.36	\$	
COMM HOSP INPATIENT TOTAL	31	129		145,329.31	1126.58	.193	4688.04		
HSC HOSPITALS	1	13		15,678.04	1206.00	.019	15678.04		
NON-HSC HOSPITALS TOTAL	30	116		129,651.27	1117.68	.174	4321.71		
ACCOMMODATIONS	30	116		60,168.25	518.69	.174	2005.61		
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		
ALL OTHER ACCOM	30	116		60,168.25	518.69	.174	2005.61		
ANCILLARIES	30	0		69,483.02	.00	.000	2316.10		
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	308	2,414		68,571.38	28.41	3.614	222.63		
MEDICAL	87	116		7,037.72	60.67	.174	80.89		
SURGERY	21	31		937.54	30.24	.046	44.64		
PATHOLOGY	126	677		9,066.03	13.39	1.013	71.95		
RADIOLOGY	84	96		5,454.81	56.82	.144	64.94		
ROOM USE	226	373		12,719.68	34.10	.558	56.28		
CROSSOVERS/ALL OTH OUTPTNT	203	1,121		33,355.60	29.76	1.678	164.31		
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
MENTALLY ILL	0	0		.00	.00	.000	.00		
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		

LEV B-REHAB MD	0	0		.00		.00		.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0									
	0	0		.00		.00		.000		.00	
LEV B-REGULAR	0	0		.00		.00		.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	Ş	.00	\$	.00		.000	\$	.00	Ş
ICF DDH	0	0		.00		.00		.000		.00	
ICF DD	0	0		.00		.00		.000		.00	
ICF DDN/DDCN	0	0		.00		.00		.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00		.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00		.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00		.000		.00	
@REHABILITATION FACILITY	1	3	\$	239.45	\$	79.82		.004	\$	239.45	\$
HOSPITAL BASED	1	3		239.45		79.82		.004		239.45	
INDEPENDENT FACILITY	0	0		.00		.00		.000		.00	
@LABORATORY FACILITY	54	81	\$ 1	,454.49	\$	17.96		.121	\$	26.94	\$
PATHOLOGY	54	81	1	,454.49		17.96		.121		26.94	
XO AND OTHERS	0	0		.00		.00		.000		.00	
@ORGANIZED OUTPATIENT CLINIC	135	194	\$ 23	,389.05	\$	120.56		.290	\$	173.25	\$
CLINIC	1	5		300.29		60.06		.007		300.29	
SURGICENTER	0	0		.00		.00		.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00	
RURAL HEALTH CLINIC	134	189	23	,088.76		122.16		.283		172.30	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PA	AYMENT RE	PORT	FOR JAN	2005	THRU	DEC	2005	PA

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

FEE-FOR-SERVICE/DENTAL

MOP024

DEL NORTE COUNTY

----- MONTHLY AVERAGE -668 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @ALL OTHER PROVIDERS 19 100 4,246.80 42.47 .150 \$ 223.52 \$ .00 .00 DURABLE MED. EQUIP. 0 0 .00 .000 BLOOD BANK .00 .00 .000 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 MEDICAL TRANSPORTATION 84 2,566.80 30.56 .126 855.60 AMBULANCES/AIR TRANS 83 1,291.80 15.56 .124 430.60 OTHER TRANS 0 .00 .000 .00 .00 OTHER SERVICES 1,275.00 1275.00 .001 1275.00 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR Ω .00 .000 .00 GENETIC DISEASE TESTING 16 1,680.00 105.00 .024 105.00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 OPTICIAN 0 .00 .00 .000 .00 PHYSICAL THERAPIST Ω .00 .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .000 PROSTHETIST/ORTHOTISTS 0 .00 .00 .000 .00 .000 PROSTHETICS .00 .00 .00 ORTHOTICS .00 .00 .000 .00 **PSYCHOLOGIST** .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 HOSPICE SERVICES .00 .00 .000 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 LOCAL EDUCATION AGENCIES 0 .00 .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00

PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00 \$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00 \$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

MOP024	FEE-FOR-SERVICE							
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DI	SREGARD - AGED	AID CODE			
						MO		
411 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAYS		C
		OR DAYS OF CARE				PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	536	13,220	\$	244,982.40	\$ 18.53	32.165	457.06	
@PHYSICIANS SERVICES	75	194	\$	2,156.82	\$ 11.12	.472	\$ 28.76	\$
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	
OFFICE VISITS	0	0		.00	.00	.000	.00	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0			.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0			.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	75	194		2,156.82	11.12	.472	28.76	
@PHARMACY	383	10,187	\$	153,262.78	\$ 15.04	24.786	400.16	\$
PRESCRIPTION DRUGS	356	1,729		147,035.18	85.04	4.207	413.02	
SNF/ICF	18	145		6,389.54	44.07	.353	354.97	
OUTPATIENTS	338	1,584		140,645.64	88.79	3.854	416.11	
MEDICAL SUPPLIES	62	8,458		6,227.60	.74	20.579	100.45	
@DENTIST	3	4	\$	245.00	\$ 61.25	.010	\$ 81.67	\$
VISITS - DIAGNOSTIC	2	2		50.00	25.00	.005	25.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	

RESTORATIVE DENTISTRY	1	1	55.00	55.00	.002	55.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	1	1	140.00	140.00	.002	140.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR	TITLE .	דד דד	LSREGARD - AGED		AID CODE					
										THLY AVERA		
411 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY	S	COST PER		C
		OR DAYS						PER ELIG		USER		E
@OPTOMETRIST	6		22	\$	417.61	\$	18.98	.054	\$	69.60	\$	
DIAGNOSTIC AND ANC. PROCED	4		7		150.36		21.48	.017		37.59		
EYE APPLIANCES	5		15		267.25		17.82	.036		53.45		
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
VISITS	0		0		.00		.00	.000		.00		
OTHER SERVICES	0		0		.00		.00	.000		.00		
@PODIATRIST	1		1	\$	6.17	\$	6.17	.002	\$	6.17	\$	
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		
SURGERY/ANES.	0		0		.00		.00	.000		.00		
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		
OTHER	1		1		6.17		6.17	.002		6.17		
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE ANESTHESIST	1		1	\$	15.66	\$	15.66	.002	\$	15.66	\$	
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
@TOTAL HOSPITAL	52		121	\$	11,934.76	\$	98.63	.294	\$	229.51	\$	
HOSP INPATIENT TOTAL	14		0	·	9,900.32		.00	.000	•	707.17	•	
HSC HOSPITALS	0		0		.00		.00	.000		.00		
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		
ACCOMMODATIONS	0		0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		
ANCILLARIES	0		0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	14		0		9,900.32		.00	.000		707.17		
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	48		121		2,034.44		16.81	.294		42.38		
MEDICAL	0		0		.00		.00	.000		.00		
SURGERY	1		1		14.87		14.87	.002		14.87		
PATHOLOGY	1		1		11.90		11.90	.002		11.90		
RADIOLOGY	0		0		.00		.00	.000		.00		
ROOM USE	1		2		178.64		89.32	.005		178.64		
CROSSOVERS/ALL OTH OUTPTNT	48		117		1,829.03		15.63	.285		38.10		
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
CO HOSPITAL INPATIENT TOTAL	0		0	т	.00	т	.00	.000	т	.00	т	
HSC HOSPITALS	0		0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		
ACCOMMODATIONS	0		0		.00		.00	.000		.00		
ACCOMINDATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		
	O		•		.00			.000		. 50		

TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REI	PORT FOR JAN 2	2005 THRU DEC	Z 2005	PA:
MOP024	FEE-FOR-SERVICE/DENTAL	Ì					
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	R TITLE II DIS	SREGARD - AGED	AID CODE	16		
					MONT	THLY AVERA	.GE -
411 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
	OR DA	YS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	52	121 \$	11,934.76	\$ 98.63	.294 \$	229.51	\$
COMM HOSP INPATIENT TOTAL	14	0	9,900.32	.00	.000	707.17	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	

411 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	COST PER	C
		OR DAYS OF CAR	3		PER	,	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	52	121	\$	11,934.76	\$	98.63	.294	\$ 229.51	\$
COMM HOSP INPATIENT TOTAL	14	0		9,900.32		.00	.000	707.17	
HSC HOSPITALS	0	0		.00		.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	
ACCOMMODATIONS	0	0		.00		.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	
ANCILLARIES	0	0		.00		.00	.000	.00	
INPATIENT CROSSOVERS	14	0		9,900.32		.00	.000	707.17	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	48	121		2,034.44		16.81	.294	42.38	
MEDICAL	0	0		.00		.00	.000	.00	
SURGERY	1	1		14.87		14.87	.002	14.87	
PATHOLOGY	1	1		11.90		11.90	.002	11.90	
RADIOLOGY	0	0		.00		.00	.000	.00	
ROOM USE	1	2		178.64		89.32	.005	178.64	
CROSSOVERS/ALL OTH OUTPTNT	48	117		1,829.03		15.63	.285	38.10	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00		.00	.000	.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	
@NURSING FACILITY	23	393	\$	60,268.29	\$	153.35	.956	\$ 2620.36	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	23	393		60,268.29		153.35	.956	2620.36	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$ .00	\$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	1	1	\$	20.34	\$ 20.34	.002	\$ 20.34	\$
PATHOLOGY	1	1		20.34	20.34	.002	20.34	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	105	196	\$	11,221.50	\$ 57.25	.477	\$ 106.87	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	105	196		11,221.50	57.25	.477	106.87	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	TURES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2005 THRU D	EC 2005	PA
MOP024	FEE-FOR-SERVIC	E/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR TITLE	E II D	ISREGARD - AGED	AID COD	E 16		
						MO	NTHLY AVERA	AGE -
411 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES		T UNITS/DAYS	COST PER	C
		OR DAYS OF CA	ARE		PER UNIT/DA		USER	E
@ALL OTHER PROVIDERS	83	2,100	\$	5,433.47	\$ 2.59	5.109	\$ 65.46	\$
DURABLE MED. EQUIP.	5	95		2,020.93	21.27	.231	404.19	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	2	8		69.02	8.63	.019	34.51	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	2	8		69.02	8.63	.019	34.51	
OTHER SERVICES	0	0		.00	.00	.000	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	13	34		376.87	11.08	.083	28.99	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	

HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	65	1,963		2,966.65	1.51	4.776	45.64	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	174	1,306	\$	27,706.20	\$ 21.21	3.178	\$ 159.23	\$
at moment a transmitted transmitted and attract			TENTA 0311	**				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DEL NORTE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 F
MOP024 FEE-FOR-SERVICE/DENTAL

AID CODES 26 6A

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND

----- MONTHLY AVERAGE **USERS** UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER 24 ELIGIBLES EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @TOTAL, ALL PROVIDERS 492 3,738.52 \$ 7.60 20.500 \$ 149.54 \$ @PHYSICIANS SERVICES .00 .00 .000 \$ .00 \$ OUTPATIENT VISITS .000 .00 .00 .00 OFFICE VISITS .00 .00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .000 EMERGENCY ROOM .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 **EXAMINATIONS** .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .000 .00 .00 .00 RADIOLOGY .000 .00 .00 **PSYCHIATRY** .00 .000 .00 IMMUNIZATION AND INJECTION .00 .00 .000 .00 OTHER SERVICES/ALL X-OVERS 0 .00 .00 .000 .00 5.73 @PHARMACY 474 2,717.04 19.750 \$ 135.85 PRESCRIPTION DRUGS 33 2,350.49 71.23 1.375 167.89 0 .000 SNF/ICF 0 .00 .00 .00 71.23 1.375 OUTPATIENTS 14 33 2,350.49 167.89 MEDICAL SUPPLIES 9 441 366.55 .83 18.375 40.73 @DENTIST 0 .00 .00 .000 \$ .00 VISITS - DIAGNOSTIC .00 .00 .000 .00

ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	05 THRU DE	EC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAI	_					
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR TITLE II D	DISREGARD - BLIND AII	CODES 26 6	A		
				_	MON	THLY AVERAG	Æ -

						M		HLY AVERA	4GE −
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	
EYE APPLIANCES	0	0	.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$
VISITS	0	0	.00		.00	.000		.00	
OTHER SERVICES	0	0	.00		.00	.000		.00	
@PODIATRIST	1	8	\$ 52.80	\$	6.60	.333	\$	52.80	\$
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	
SURGERY/ANES.	0	0	.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	
OTHER	1	8	52.80		6.60	.333		52.80	
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	2	4	\$ 218.62	\$	54.66	.167	\$	109.31	\$
HOSP INPATIENT TOTAL	1	0	166.30		.00	.000		166.30	
HSC HOSPITALS	0	0	.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00	
ACCOMMODATIONS	0	0	.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	
ANCILLARIES	0	0	.00		.00	.000		.00	
INPATIENT CROSSOVERS	1	0	166.30		.00	.000		166.30	
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	1	4	52.32		13.08	.167		52.32	
MEDICAL	0	0	.00		.00	.000		.00	
SURGERY	0	0	.00		.00	.000		.00	
PATHOLOGY	0	0	.00		.00	.000		.00	
RADIOLOGY	0	0	.00		.00	.000		.00	
ROOM USE	0	0	.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	1	4	52.32		13.08	.167		52.32	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	005 THRU DEC	2005	]
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	TITLE II D	ISREGARD - BLIND AID	CODES 26 6	δA		

----- MONTHLY AVERAGE -

24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			C
		OR DAYS OF CARE		PER UNIT/DAY			E
@COMMUNITY HOSPITAL TOTAL	2	4 \$	218.62	\$ 54.66			\$
COMM HOSP INPATIENT TOTAL	1	0	166.30	.00		166.30	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	1	0	166.30	.00	.000	166.30	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	1	4	52.32	13.08	.167	52.32	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	1	4	52.32	13.08	.167	52.32	
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$
ICF DDH	0	0	.00	.00	.000	.00	•
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	

@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0	.00		.00	.000		.00	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	6	6 \$	750.06	\$	125.01	.250	\$	125.01	\$
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	6	6	750.06		125.01	.250		125.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2005 THRU	DEC	2005	PA

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

DEL NORIE COUNTI	SUMMAKI OF SEK	VICES FOR I	LIND II D	TOLEGARD - DI	TND	AID	CODES 20	OA				
								M	ONT	HLY AVERA	GE -	
24 ELIGIBLES	USERS	UNITS OF SE	ERVICE	EXPENDIT	URES	AVER	AGE COST	UNITS/DAY	S	COST PER	C	
		OR DAYS OF	CARE			PER	UNIT/DAY	PER ELIG		USER	E	
@ALL OTHER PROVIDERS	0		0 \$		.00	\$	.00	.000	\$	.00	\$	
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		
BLOOD BANK	0		0		.00		.00	.000		.00		
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		
OTHER TRANS	0		0		.00		.00	.000		.00		
OTHER SERVICES	0		0		.00		.00	.000		.00		
ACUPUNCTURE	0		0		.00		.00	.000		.00		
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		
OPTICIAN	0		0		.00		.00	.000		.00		
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		
PORTABLE X-RAY	0		0		.00		.00	.000		.00		
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000		.00		
PROSTHETICS	0		0		.00		.00	.000		.00		
ORTHOTICS	0		0		.00		.00	.000		.00		
PSYCHOLOGIST	0		0		.00		.00	.000		.00		
SPEECH AND AUDIOLOGY	0		0		.00		.00	.000		.00		
HOSPICE SERVICES	0		0		.00		.00	.000		.00		
NONINST BIRTHING CENTERS	0		0		.00		.00	.000		.00		
LOCAL EDUCATION AGENCIES	0		0		.00		.00	.000		.00		
EPSDT SUPPLEMENTAL SERVICE	0		0		.00		.00	.000		.00		
RESPIRATORY CARE PRACT.	0		0		.00		.00	.000		.00		
PED SUBACUTE REHAB/WEANING	0		0		.00		.00	.000		.00		
ALL OTHER PROVIDERS	0		0		.00		.00	.000		.00		
@CALIF. CHILDREN SERVICES*	0		0 \$		.00	\$	.00	.000	\$	.00	\$	
@XOVER EXCLUDING STATE HOSP**	9		52 \$	49	6.97	\$	9.56	2.167	\$	55.22	\$	
O. HOMATO TAL MURGE LINES AND	CTITONI NO N CODNI	D 7 M M T T T D D 7 7 7 7	DIONI TENDA	√								

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY	SOMMARY OF SERVICES FOR TITLE IT DISREGARD - DISABLED AID CODES 30 00 0C MONTHLY AVERA							aп			
002 81 10181 80	Hanna	INITES OF SERVICE			70 7 7 7 7	TD 7 CD CCC					
293 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER	C	
CHOHAL ALL DROUTDERS	2.50	OR DAYS OF CARE		107 200 20		UNIT/DAY			USER	E	
@TOTAL, ALL PROVIDERS	358	2,316	\$	127,320.38	\$	54.97	7.904		355.64	\$	
@PHYSICIANS SERVICES	45	896	\$	1,479.72	\$	1.65	3.058	\$	32.88	\$	
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		
OFFICE VISITS	0	0		.00		.00	.000		.00		
HOME VISITS	0	0		.00		.00	.000		.00		
EMERGENCY ROOM	0	0		.00		.00	.000		.00		
PREVENTIVE CARE	0	0		.00		.00	.000		.00		
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		
INPATIENT VISITS	0	0		.00		.00	.000		.00		
HOSPITAL VISITS	0	0		.00		.00	.000		.00		
CRITICAL CARE	0	0		.00		.00	.000		.00		
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		
EXAMINATIONS	0	0		.00		.00	.000		.00		
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		
DIALYSIS	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		
RADIOLOGY	0	0		.00		.00	.000		.00		
PSYCHIATRY	0	0		.00		.00	.000		.00		
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		
OTHER SERVICES/ALL X-OVERS	45	896		1,479.72		1.65	3.058		32.88		
@PHARMACY	243	1,076	\$	109,157.24	Ġ	101.45	3.672	Ġ		\$	
PRESCRIPTION DRUGS	239	1,040	т	107,224.95	т.	103.10	3.549	т.	448.64	т.	
	= 3 3	=, - 20		, 7 - 0							

SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	239	1,040	107,224.95	103.10	3.549	448.64	
MEDICAL SUPPLIES	22	36	1,932.29	53.67	.123	87.83	
@DENTIST	5	5 \$	262.00	\$ 52.40	.017	\$ 52.40	\$
VISITS - DIAGNOSTIC	2	2	58.00	29.00	.007	29.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	1	1	39.00	39.00	.003	39.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	2	2	165.00	82.50	.007	82.50	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2005 THRU	DEC 2005	PA

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

----- MONTHLY AVERAGE -

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

									.GE -
USERS			EXPENDITURES						C
									E
5		\$		\$			\$		\$
1	2								
5	13		223.49		17.19	.044		44.70	
0	0		.00		.00	.000		.00	
0	0	\$	.00	\$	.00	.000	\$	.00	\$
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
11	11	\$	101.05	\$	9.19	.038	\$	9.19	\$
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
11	11		101.05		9.19	.038		9.19	
0	0	\$	.00	\$	.00	.000	\$	.00	\$
0	0	\$	.00	\$	.00	.000	\$	.00	\$
0	0	\$	.00	\$	.00	.000	\$	.00	\$
0	0	\$	.00	\$	.00	.000	\$	.00	\$
0	0	\$	.00	\$	.00	.000	\$	.00	\$
44	97	\$	6,347.23	\$	65.44	.331	\$	144.26	\$
9	0		4,621.13		.00	.000		513.46	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
9	0		4,621.13		.00	.000		513.46	
0	0		.00		.00	.000		.00	
40	97		1,726.10		17.79	.331		43.15	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
	0 0 0 0 0 0 44 9 0 0 0 0 0	OR DAYS OF CARS  5	OR DAYS OF CARE  5	OR DAYS OF CARE  5	OR DAYS OF CARE         PER           5         15         \$ 270.94         \$           1         2         47.45         \$           5         13         223.49         0           0         0         .00         .00           0         0         .00         \$           0         0         .00         .00           0         0         .00         .00           11         11         \$         101.05         \$           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         \$         .00         \$           0         0         \$         .00         \$         .00         \$           0         0         \$         .00         \$         .00         \$           0         0         \$         .00         \$         .00         \$           0         0         \$         .00         \$         .00         \$           0         0         \$         .00         .00         .00         .00	OR DAYS OF CARE         PER UNIT/DAY           5         15         \$ 270.94         \$ 18.06           1         2         47.45         23.73           5         13         223.49         17.19           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         \$         .00           0         0         \$         .00           0         0         \$         .00           0         0         \$         .00           0         0         \$	USERS	USERS	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           5         15         \$ 270.94         \$ 18.06         .051         \$ 54.19           1         2         47.45         23.73         .007         47.45           5         13         223.49         17.19         .044         44.70           0         0         .00         .00         .000         .000         .000           0         0         \$ .00         \$ .00         .000         .000         .000           0         0         .00         .00         .000         .000         .000           0         0         .00         .00         .000         .000         .000           11         11         \$ 101.05         \$ 9.19         .038         \$ 9.19           0         0         .00         .00         .000         .000         .00           0         0         .00         .00         .00         .00         .00         .00           11         11         101.05         \$ 9.19         .038         9.19         .038         9.19         .038         9.19         .00         .00         .00

0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
40	97	1,726.10	17.79	.331	43.15	
0	0 \$	.00	\$ .00	.000 \$	.00	\$
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00		.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
		MONTH-OF-PAYMENT R	REPORT FOR JAN	2005 THRU DE	C 2005	PP
FEE-FOR-SERVICE/DENTA	∕T					
		0	0 0 0 .00 40 97 1,726.10 0 0 \$ .00 0 0 \$ .00 0 0 0 0	0         0         .00         .00           40         97         1,726.10         17.79           0         0         \$         .00         \$         .00           0         0         \$         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00	0 0 0 0 00 00 00 00 000 000 000 000 00	0

SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C DEL NORTE COUNTY

DEL NORIE COUNTI	SUMMARI OF SERV	LCES FOR TITLE I	T DI	SKEGARD - DISABLEL	AIL	CODES 36		 	~-	
							Mo		GE -	
293 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY:	COST PER	C	
		OR DAYS OF CARE					PER ELIG	USER	E	1
@COMMUNITY HOSPITAL TOTAL	44	97	\$	6,347.23	\$	65.44	.331	\$	\$	
COMM HOSP INPATIENT TOTAL	9	0		4,621.13		.00	.000	513.46		
HSC HOSPITALS	0	0		.00		.00	.000	.00		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		
ACCOMMODATIONS	0	0		.00		.00	.000	.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		
ANCILLARIES	0	0		.00		.00	.000	.00		
INPATIENT CROSSOVERS	9	0		4,621.13		.00	.000	513.46		
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	40	97		1,726.10		17.79	.331	43.15		
MEDICAL	0	0		.00		.00	.000	.00		
SURGERY	0	0		.00		.00	.000	.00		
PATHOLOGY	0	0		.00		.00	.000	.00		
RADIOLOGY	0	0		.00		.00	.000	.00		
ROOM USE	0	0		.00		.00	.000	.00		
CROSSOVERS/ALL OTH OUTPTNT	40	97		1,726.10		17.79	.331	43.15		
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	
MENTALLY ILL	0	0		.00		.00	.000	.00		
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		
LEV B-REHAB MD	0	0		.00		.00	.000	.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		

LEV B-REGULAR	0	0	.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	.00		.00	.000		.00	
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0	.00		.00	.000		.00	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	75	101 \$	5,598.99	\$	55.44	.345	\$	74.65	\$
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	75	101	5,598.99		55.44	.345		74.65	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2005 THRU	DEC	2005	PA

FEE-FOR-SERVICE/DENTAL MOP024

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

DEL NORTE COUNT	DOMINANT OF DER	ATCES FOR TITES T	1 010	NEGAND - DISABIED	AID	CODED 30	00 00				
							MC		HLY AVERA	GE -	
293 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3	COST PER	C	
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	
@ALL OTHER PROVIDERS	31	115	\$	4,103.21	\$	35.68	.392	\$	132.36	\$	
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		
BLOOD BANK	0	0		.00		.00	.000		.00		
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		
OTHER TRANS	0	0		.00		.00	.000		.00		
OTHER SERVICES	0	0		.00		.00	.000		.00		
ACUPUNCTURE	0	0		.00		.00	.000		.00		
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		
OPTICIAN	8	26		303.15		11.66	.089		37.89		
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		
PORTABLE X-RAY	0	0		.00		.00	.000		.00		
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		
PROSTHETICS	0	0		.00		.00	.000		.00		
ORTHOTICS	0	0		.00		.00	.000		.00		
PSYCHOLOGIST	0	0		.00		.00	.000		.00		
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		
HOSPICE SERVICES	0	0		.00		.00	.000		.00		
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		
ALL OTHER PROVIDERS	23	89		3,800.06		42.70	.304		165.22		
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
@XOVER EXCLUDING STATE HOSP**	116	1,127	\$	12,519.96	\$	11.11	3.846	\$	107.93	\$	

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

PA

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISK	EGARD - FAMILIES	DISCONTING			_
					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			C
	_	OR DAYS OF CARE		PER UNIT/DAY		USER	. E
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$		\$
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$		\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
	0	0					
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	<b>G</b>	.00	.00	.000	.00	4
@PHARMACY	0	0 \$ 0	.00	\$ .00	.000 \$		\$
PRESCRIPTION DRUGS	0	•	.00	.00	.000	.00	
SNF/ICF	· ·	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	1.
@DENTIST	0	0 \$	.00	\$ .00	.000 \$		\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DE	C 2005

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

DEH NORTE COONTT	SUMMART OF SERV	VICES FOR II	1111	. DIS	KEGAKD - PAMILIES		DISCONTING		 		
									HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SE			EXPENDITURES			UNITS/DAY	COST PER	C	
		OR DAYS OF	CARE			PER	UNIT/DAY		USER	E	
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$ .00	\$	
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000	.00		
EYE APPLIANCES	0		0		.00		.00	.000	.00		
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	.00		
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$ .00	\$	
VISITS	0		0		.00		.00	.000	.00		
OTHER SERVICES	0		0		.00		.00	.000	.00		
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$ .00	\$	
MEDICINE/INJECTIONS	0		0		.00		.00	.000	.00		
SURGERY/ANES.	0		0		.00		.00	.000	.00		
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00		
OTHER	0		0		.00		.00	.000	.00		
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$ .00	\$	
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$ .00	\$	
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$ .00	\$	
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$ .00	\$	
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$ .00	\$	
@TOTAL HOSPITAL	0		0	\$	.00	\$	.00	.000	\$ .00	\$	
HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		
HSC HOSPITALS	0		0		.00		.00	.000	.00		
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	.00		
ACCOMMODATIONS	0		0		.00		.00	.000	.00		
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		
ANCILLARIES	0		0		.00		.00	.000	.00		

INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
	0	0					
ROOM USE	Ü	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0			.000		
	0	0	.00	.00		.00	
MEDICAL	0	U	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	TES AND EXPENDITURES I	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2005 THRU DEC	2005	PA
MOP024	FEE-FOR-SERVICE						
	FEE-FOR-SERVICE						
MOP024	FEE-FOR-SERVICE	E/DENTAL					
MOP024	FEE-FOR-SERVICE	E/DENTAL		DISCONTING	JED MONT	'HLY AVERA	
MOP024 DEL NORTE COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	E/DENTAL /ICES FOR TITLE II D UNITS OF SERVICE	ISREGARD - FAMILIES	DISCONTING AVERAGE COST	UED MONT UNITS/DAYS	'HLY AVERA COST PER	.GE -
MOP024 DEL NORTE COUNTY  00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE	ISREGARD - FAMILIES EXPENDITURES	DISCONTING AVERAGE COST PER UNIT/DAY	UED MONT UNITS/DAYS PER ELIG	HLY AVERA COST PER USER	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$	ISREGARD - FAMILIES EXPENDITURES .00	DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00	UED MONT UNITS/DAYS PER ELIG .000 \$	HLY AVERA COST PER USER .00	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE	ISREGARD - FAMILIES EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	UED MONT UNITS/DAYS PER ELIG .000 \$	HLY AVERA COST PER USER .00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	UED MONT UNITS/DAYS PER ELIG .000 \$ .000	THLY AVERA COST PER USER .00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	E/DENTAL /ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	UED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000	CHLY AVERA COST PER USER .00 .00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS  0 0 0 0 0 0	E/DENTAL /ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	UED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	CHLY AVERA COST PER USER .00 .00 .00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS  0 0 0 0 0 0 0	E/DENTAL /ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00	JED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	CHLY AVERA COST PER USER .00 .00 .00 .00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0	E/DENTAL /ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	JED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS  0 0 0 0 0 0 0	E/DENTAL /ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0	E/DENTAL /ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00	UED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00	UED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00	UED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C F \$
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00	UED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	DISCONTINU  AVERAGE COST PER UNIT/DAY  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C F \$
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ISREGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00	UED MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C F \$

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INPATIENT CROSSOVERS

TEA D-KEUND MD	O	U	.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
LEV B-REGULAR	0	0	.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	.00		.00	.000	•	.00	•
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00	т	.00	.000	т	.00	т
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00		\$	.00	\$
HOSPITAL BASED	0	0	.00	۲	.00	.000	۲	.00	٧
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	.000	بع	.00	ċ.
	0	0 \$	.00	Ą	.00	.000	Ą		\$
PATHOLOGY	0	· ·						.00	
XO AND OTHERS	0	0	.00	4	.00	.000	4	.00	Å
@ORGANIZED OUTPATIENT CLINIC	U	0 \$	.00	\$	.00	.000	Ş	.00	\$
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0	.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT :	FOR JAN 2	2005 THRU	DEC	2005	PA:
DEL NORTE COUNTY		VICES FOR TITLE II D	TSREGARD - FAMILIE	S D	ISCONTINU	IED			
DDD WORLD COONTI	Bornanci di Blice	TODO TOR TITLE IT D	TOREOTHE TIMILLI	D .	IDCONTING		חדינו	HLY AVERA	~r_
						V			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITIRES	AVER	AGE COST				
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	S (	COST PER	C
		OR DAYS OF CARE		PER 1	UNIT/DAY	UNITS/DAY PER ELIG	S (	COST PER USER	C E
@ALL OTHER PROVIDERS	0	OR DAYS OF CARE 0 \$	.00		UNIT/DAY	UNITS/DAY PER ELIG .000	S (	COST PER USER .00	C
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.	0 0	OR DAYS OF CARE 0 \$ 0	.00	PER 1	UNIT/DAY .00 .00	UNITS/DAY PER ELIG .000 .000	S (	COST PER USER .00	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	0 0 0	OR DAYS OF CARE 0 \$ 0 0	.00	PER 1	.00 .00 .00	UNITS/DAY PER ELIG .000 .000	S (	COST PER USER .00 .00	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 .00	PER 1	UNIT/DAY .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000	S (	USER .00 .00 .00	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0	.00 .00 .00 .00	PER 1	UNIT/DAY .00 .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000 .000	S (	USER .00 .00 .00 .00 .00	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0	.00 .00 .00 .00 .00	PER 1	UNIT/DAY .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000 .000 .000	S (	COST PER USER .00 .00 .00 .00	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00	PER 1	UNIT/DAY     .00     .00     .00     .00     .00     .00     .00     .00     .00	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S (	COST PER USER .00 .00 .00 .00 .00	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	PER 1	UNIT/DAY     .00     .00     .00     .00     .00     .00     .00     .00     .00     .00	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	S (	COST PER USER .00 .00 .00 .00 .00 .00	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	PER 1	UNIT/DAY	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S (	COST PER USER .00 .00 .00 .00 .00 .00	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	PER 1	UNIT/DAY	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S (	COST PER USER .00 .00 .00 .00 .00 .00 .00	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	PER 1	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S (	COST PER USER	C E
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@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER 1	UNIT/DAY	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S (	COST PER USER	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER 1	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S (	COST PER USER	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER 1	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S (	COST PER USER	C E

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0

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LEV A-INTERMEDIATE

LEV B-REHAB MD

.00

.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00 \$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR TITLE II	. рт:	SREGARD - TOTAL						~-
							MOI			
728 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	(		C
		OR DAYS OF CARE					PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	919	16,028	\$	376,041.30	\$	23.46	22.016		409.19	\$
@PHYSICIANS SERVICES	120	1,090	\$	3,636.54	\$	3.34	1.497	\$	30.30	\$
OUTPATIENT VISITS	0	0		.00		.00	.000		.00	
OFFICE VISITS	0	0		.00		.00	.000		.00	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	
INPATIENT VISITS	0	0		.00		.00	.000		.00	
HOSPITAL VISITS	0	0		.00		.00	.000		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	120	1,090		3,636.54		3.34	1.497		30.30	
@PHARMACY	646	11,737	\$	265,137.06	\$	22.59	16.122	\$	410.43	\$
PRESCRIPTION DRUGS	609	2,802	·	256,610.62	•	91.58	3.849		421.36	·
SNF/ICF	18	145		6,389.54		44.07	.199		354.97	
OUTPATIENTS	591	2,657		250,221.08		94.17	3.650		423.39	
MEDICAL SUPPLIES	93	8,935		8,526.44		.95	12.273		91.68	
@DENTIST	8	9	\$	507.00	\$	56.33	.012	\$	63.38	\$
VISITS - DIAGNOSTIC	4	4		108.00	•	27.00	.005		27.00	'
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
	· ·	ŭ		7.00						

ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	2	2	94.00	47.00	.003	47.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	3	3	305.00	101.67	.004	101.67
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR '	TITLE I	I DI	SREGARD - TOTAL					
								M		GE -
728 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES			UNITS/DAY		C
		OR DAYS (	OF CARE			PER	,	PER ELIG	USER	E
@OPTOMETRIST	11		37	\$	688.55	\$	18.61	.051	\$ 62.60	\$
DIAGNOSTIC AND ANC. PROCED	5		9		197.81		21.98	.012	39.56	
EYE APPLIANCES	10		28		490.74		17.53	.038	49.07	
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	.00	
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$ .00	\$
VISITS	0		0		.00		.00	.000	.00	
OTHER SERVICES	0		0		.00		.00	.000	.00	
@PODIATRIST	13		20	\$	160.02	\$	8.00	.027	\$ 12.31	\$
MEDICINE/INJECTIONS	0		0		.00		.00	.000	.00	
SURGERY/ANES.	0		0		.00		.00	.000	.00	
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00	
OTHER	13		20		160.02		8.00	.027	12.31	
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$ .00	\$
NURSE ANESTHESIST	1		1	\$	15.66	\$	15.66	.001	\$ 15.66	\$
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER			0	\$	.00	\$	.00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$ .00	\$
@TOTAL HOSPITAL	98		222	\$	18,500.61	\$	83.34	.305	\$ 188.78	\$
HOSP INPATIENT TOTAL	24		0		14,687.75		.00	.000	611.99	
HSC HOSPITALS	0		0		.00		.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	.00	
ACCOMMODATIONS	0		0		.00		.00	.000	.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00	
ALL OTHER ACCOM	0		0		.00		.00	.000	.00	
ANCILLARIES	0		0		.00		.00	.000	.00	
INPATIENT CROSSOVERS	24		0		14,687.75		.00	.000	611.99	
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00	
HOSP OUTPATIENT TOTAL	89		222		3,812.86		17.18	.305	42.84	
MEDICAL	0		0		.00		.00	.000	.00	
SURGERY	1		1		14.87		14.87	.001	14.87	
PATHOLOGY	1		1		11.90		11.90	.001	11.90	
RADIOLOGY	0		0		.00		.00	.000	.00	
ROOM USE	1		2		178.64		89.32	.003	178.64	
CROSSOVERS/ALL OTH OUTPTNT	89		218		3,607.45		16.55	.299	40.53	
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000	.00	
HSC HOSPITALS	0		0		.00		.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00	
ACCOMMODATIONS	0		0		.00		.00	.000	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU D	EC 2005

MOP024

FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

DEE NORTE COOKII	DOINGING OF DELLA	TODO TOR TITLE II DI	J101110 101111				
					MON	THLY AVERA	GE -
728 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	98	222 \$	18,500.61	\$ 83.34	.305 \$	188.78	\$
COMM HOSP INPATIENT TOTAL	24	0	14,687.75	.00	.000	611.99	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	24	0	14,687.75	.00	.000	611.99	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	89	222	3,812.86	17.18	.305	42.84	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	1	1	14.87	14.87	.001	14.87	
PATHOLOGY	1	1	11.90	11.90	.001	11.90	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	1	2	178.64	89.32	.003	178.64	

anagarinna / 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1										
CROSSOVERS/ALL OTH OUTPTNT	89	218		3,607.45		16.55	.299		40.53	
@STATE HOSPITAL	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0	4.	.00	4.	.00	.000	4.	.00	
@NURSING FACILITY	23	393	\$	60,268.29	\$	153.35	.540	\$	2620.36	Ş
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	23	393		60,268.29		153.35	.540		2620.36	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	1	1	\$	20.34	\$	20.34	.001	\$	20.34	\$
PATHOLOGY	1	1		20.34		20.34	.001		20.34	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	186	303	\$	17,570.55	\$	57.99	.416	\$	94.47	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	186	303		17,570.55		57.99	.416		94.47	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES I	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	TITLE	II D	ISREGARD - TOTAL						
							N	ONT	HLY AVERA	GE -

728 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @ALL OTHER PROVIDERS 2,215 9,536.68 4.31 3.043 \$ 83.66 \$ 114 DURABLE MED. EQUIP. 5 2,020.93 21.27 .130 404.19 BLOOD BANK 0 0 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .000 .00 .00 MEDICAL TRANSPORTATION 69.02 8.63 .011 34.51 AMBULANCES/AIR TRANS .00 .00 .000 .00 OTHER TRANS 69.02 8.63 .011 34.51 OTHER SERVICES .00 .00 .000 . 00 ACUPUNCTURE .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 .000 GENETIC DISEASE TESTING .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST 0 0 .00 .000 .00 .00 OPTICIAN 21 680.02 11.33 .082 32.38 PHYSICAL THERAPIST .00 .00 .000 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .000 .00 ORTHOTICS .00

.00

.000

.00

**PSYCHOLOGIST** 

0		.00		.00	.000		.00	
0		.00		.00	.000		.00	
0		.00		.00	.000		.00	
0		.00		.00	.000		.00	
0		.00		.00	.000		.00	
0		.00		.00	.000		.00	
0		.00		.00	.000		.00	
2,052		6,766.71		3.30	2.819		76.89	
0	\$	.00	\$	.00	.000	\$	.00	\$
2,485	\$	40,723.13	\$	16.39	3.413	\$	136.20	\$
	. 0	, 0 \$	0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 2,052 6,766.71 0 \$ .00	0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 2,052 6,766.71 0 \$ .00 \$	0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 2,052 6,766.71 3.30 0 \$ .00 \$ .00	0 .00 .00 .000 0 .00 .00 .000 2,052 6,766.71 3.30 2.819 0 \$ .00 \$ .00	0 .00 .00 .000 0 .00 .00 .000 2,052 6,766.71 3.30 2.819 0 \$ .00 \$ .00 .000 \$	0 .00 .00 .000 .000 .000 0 .00 .00 .000 .000 0 .00 .0

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18 ----- MONTHLY AVERAGE AVERAGE COST UNITS/DAYS COST PER 490 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E 34.251 \$ @TOTAL, ALL PROVIDERS 16,783 \$ 227,658.45 \$ 13.56 427.13 \$ 74 10.70 .498 \$ 35.28 \$ @PHYSICIANS SERVICES 244 2,611.02 OUTPATIENT VISITS .00 .00 .000 .00 .00 .000 .00 OFFICE VISITS 0 .00 .00 .000 HOME VISITS .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .000 PREVENTIVE CARE .00 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 HOSPITAL VISITS .00 CRITICAL CARE .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 SERVICES AND MATERIALS .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .000 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 OUTPATIENT SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .000 . 00 .00 .00 .00 PATHOLOGY .000 .00 .00 .000 RADIOLOGY .00 .00 .00 .000 .00 **PSYCHIATRY** IMMUNIZATION AND INJECTION 0 .00 .00 .000 .00 OTHER SERVICES/ALL X-OVERS 10.70 .498 244 2,611.02 35.28 @PHARMACY 395 14,608 154,531.62 10.58 29.812 391.22 359 PRESCRIPTION DRUGS 1,774 148,444.69 83.68 3.620 413.49 3 SNF/ICF 26 630.61 24.25 .053 210.20 84.56 OUTPATIENTS 358 1,748 147,814.08 3.567 412.89 67 MEDICAL SUPPLIES 12,834 6,086.93 .47 26.192 90.85 @DENTIST 123.00 30.75 .008 \$ 61.50 \$

VISITS - DIAGNOSTIC	2	4	123.00	30.75	.008	61.50
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN	2005 THRU DE	C 2005

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

DEL NORTE COUNTY	SUMMARY OF SERV	TICES FOR IN HOME	50	PPORT - AGED		AID CODE				
									THLY AVERA	GE -
490 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES		RAGE COST		S	COST PER	C
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	1	3	\$	53.11	\$	17.70	.006	\$	53.11	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00	
EYE APPLIANCES	1	3		53.11		17.70	.006		53.11	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	8	9	\$	75.21	\$	8.36	.018	\$	9.40	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	8	9		75.21		8.36	.018		9.40	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	70	520	\$	16,470.85	\$	31.67	1.061	\$	235.30	\$
HOSP INPATIENT TOTAL	14	0		12,137.17		.00	.000		866.94	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	14	0		12,137.17		.00	.000		866.94	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	64	520		4,333.68		8.33	1.061		67.71	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	64	520		4,333.68		8.33	1.061		67.71	

@COUNTY HOSPITAL TOTAL	0	ი \$	.00	\$ .00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	۲
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
	0	0					
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2005 THRU DE	C 2005	PA
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FEE-FOR-SERVICE/DENTAL MOP024 DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

							M	INC	HLY AVERA	ΔGE	-
490 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		C
		OR DAYS OF CARE	:		PEF	UNIT/DAY	PER ELIG		USER		E
@COMMUNITY HOSPITAL TOTAL	70	520	\$	16,470.85	\$	31.67	1.061	\$	235.30	\$	
COMM HOSP INPATIENT TOTAL	14	0		12,137.17		.00	.000		866.94		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	14	0		12,137.17		.00	.000		866.94		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
COMM HOSP OUTPATIENT TOTAL	64	520		4,333.68		8.33	1.061		67.71		
MEDICAL	0	0		.00		.00	.000		.00		
SURGERY	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		
RADIOLOGY	0	0		.00		.00	.000		.00		
ROOM USE	0	0		.00		.00	.000		.00		
CROSSOVERS/ALL OTH OUTPTNT	64	520		4,333.68		8.33	1.061		67.71		
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
MENTALLY ILL	0	0		.00		.00	.000		.00		
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		
@NURSING FACILITY	18	336	\$	42,422.79	\$	126.26	.686	\$	2356.82	\$	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		
LEV B-REHAB MD	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
LEV B-REGULAR	18	336		42,422.79		126.26	.686		2356.82		
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
ICF DDH	0	0		.00		.00	.000		.00		
ICF DD	0	0		.00		.00	.000		.00		

ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	67	129	\$	4,277.59	\$	33.16	.263	\$	63.84	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	67	129		4,277.59		33.16	.263		63.84	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH	-OF-PAYMENT RI	EPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	_								
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR IN HOME	SUPPORT	- AGED		AID CODE	18			
							M	ONTF	ILY AVERA	.GE -
490 ELIGIBLES	USERS UNITS	OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S C	COST PER	C
	OR DA	AYS OF CARE			PER	UNIT/DAY	PER ELIG	+	USER	E

490 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	135	930 \$	7,093.26	\$ 7.63	1.898 \$	52.54	\$
DURABLE MED. EQUIP.	3	4	211.03	52.76	.008	70.34	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	520	754.26	1.45	1.061	251.42	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	3	520	754.26	1.45	1.061	251.42	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	11	27	312.56	11.58	.055	28.41	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	121	379	5,815.41	15.34	.773	48.06	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	212	6,020	\$ 32,107.43	\$ 5.33	12.286	\$ 151.45	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

----- MONTHLY AVERAGE -

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	INITTO /DAVO		70
00 EDIGIDDES	CNECO	OR DAYS OF CARE	EXERNOTIONED	PER UNIT/DAY	PER ELIG	USER	Ę.
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	Ś
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	Š
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	Υ
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	\$

PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	RT FOR JAN 200	5 THRU DE	C 2005	PA

FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

MOP024

DEB NORTE COUNTY	BUILDER OF BERV	TCES FOR IN HOME	DOFF	OKI - DHIND		AID CODE	20				
							MC	ГИC	HLY AVERA	.GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER	C	
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		
EYE APPLIANCES	0	0		.00		.00	.000		.00		
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
VISITS	0	0		.00		.00	.000		.00		
OTHER SERVICES	0	0		.00		.00	.000		.00		
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		
SURGERY/ANES.	0	0		.00		.00	.000		.00		
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		
OTHER	0	0		.00		.00	.000		.00		
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		
MEDICAL	0	0		.00		.00	.000		.00		

SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	•
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2005 THRU DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	IN HOME ST	UPPORT - BLIND	AID CODE	28		
					MONT	HLY AVERAG	έE -
00 ELIGIBLES	USERS UNITS OF	F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
	OR DAY:	S OF CARE		PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
MDANGTHTONIAL TO GADE	0	^	0.0	0.0	0.00	0.0	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	

LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0 s	;	.00	\$	.00	.000	Ś	.00	\$
ICF DDH	0	0		.00	т	.00	.000	т	.00	т
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$	5	.00	\$	.00		\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	•	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF	-PAYMENT REI	PORT	FOR JAN 2	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	SUPPORT - I	BLIND		AID CODE				
									HLY AVERA	.GE -
00 ELIGIBLES		F SERVICE	EXP	ENDITURES			UNITS/DAY		COST PER	<u> </u>
		S OF CARE	_			UNIT/DAY			USER	E
@ALL OTHER PROVIDERS	0	0 \$		.00	\$	.00	.000	Ş	.00	\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	U	U		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	U	U		.00		.00	.000		.00	
AMBULANCES/AIR TRANS	U	U		.00		.00	.000		.00	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$

@XOVER EXCLUDING STATE HOSP\*\* 0 \$ .00 \$ .00 \$ .00 \$

PA

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

222 1.01112 0001111			 		• •		
					MON'	THLY AVERA	GE -
231 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	207	4,771	\$ 123,116.80	\$ 25.81	20.654 \$	594.77	\$
@PHYSICIANS SERVICES	36	146	\$ 4,222.37		.632 \$	117.29	\$
OUTPATIENT VISITS	1	1	59.50	59.50	.004	59.50	
OFFICE VISITS	1	1	59.50	59.50	.004	59.50	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	38.43	38.43	.004	38.43	
EXAMINATIONS	1	1	38.43	38.43	.004	38.43	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	2	492.00	246.00	.009	492.00	
PRINCIPAL SURGEON	1	2	492.00	246.00	.009	492.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	1	1	48.20	48.20	.004	48.20	

RADIOLOGY	1	1		21.60	21.60	.004		21.60	
PSYCHIATRY	0	0		.00	.00			.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00			.00	
OTHER SERVICES/ALL X-OVERS	34	140		3,562.64				104.78	
@PHARMACY	143	4,155	\$	92,419.63	\$ 22.24	17.987	\$	646.29	\$
PRESCRIPTION DRUGS	133	622		91,479.52	147.07	7 2.693		687.82	
SNF/ICF	0	0		.00	.00	.000		.00	
OUTPATIENTS	133	622		91,479.52	147.07	7 2.693		687.82	
MEDICAL SUPPLIES	15	3,533		940.11	.27	7 15.294		62.67	
@DENTIST	2	48	\$	2,282.00	\$ 47.54	.208	\$	1141.00	\$
VISITS - DIAGNOSTIC	2	2		50.00	25.00	.009		25.00	
ORAL SURGERY	2	44		2,132.00	48.45	.190		1066.00	
DRUGS	0	0		.00	.00	.000		.00	
ANESTHESIA	2	2		100.00	50.00	.009		50.00	
PERIODONTICS	0	0		.00	.00	.000		.00	
ENDODONTICS	0	0		.00	.00	.000		.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00	
PROSTHETICS	0	0		.00	.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00	
SPACE MAINTAINERS	0	0		.00	.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00	
ALL OTHER SERVICES	0	0		.00	.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	ES MONTH-OF	F-PAYMENT REP	ORT FOR JA	AN 2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	DISABLED	AID CO	DE 68			

DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR	IN HOME	SUPPOR'	Г - DISABLED		AID CODE	68			
								Mo	TNC	HLY AVERA	GE -
231 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	8		17	\$	320.09	\$	18.83	.074	\$	40.01	\$
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00	
EYE APPLIANCES	6		13		225.19		17.32	.056		37.53	
OTHER OPTOMETRIC SERVICES	2		4		94.90		23.73	.017		47.45	
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0		0		.00		.00	.000		.00	
OTHER SERVICES	0		0		.00		.00	.000		.00	
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00	
SURGERY/ANES.	0		0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00	
OTHER	0		0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	28		100	\$	5,558.48	\$	55.58	.433	\$	198.52	\$
HOSP INPATIENT TOTAL	3		0		2,700.00		.00	.000		900.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	

ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	3	0	2,700.00	.00	.000	900.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	27	100	2,858.48	28.58	.433	105.87	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	1	1	14.34	14.34	.004	14.34	
PATHOLOGY	3	5	63.33	12.67	.022	21.11	
RADIOLOGY	1	1	65.84	65.84	.004	65.84	
ROOM USE	1	2	172.30	86.15	.009	172.30	
CROSSOVERS/ALL OTH OUTPTNT	23	91	2,542.67	27.94	.394	110.55	
@COUNTY HOSPITAL TOTAL	0		.00	\$ .00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	т
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0					
	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0		.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.000	.00	
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
CKOSSOVEKS/ALL OIR OUIPINI	()		- 00	. ()()	. ()()()	. ()()	
		•					D.7\
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	S MONTH-OF-PAYMENT R				PA
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES /DENTAL	S MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2005 THRU DE		PΑ
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES	S MONTH-OF-PAYMENT R		2005 THRU DE0	C 2005	
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S	S MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2005 THRU DEC 68 MONT	C 2005 THLY AVERA	GE -
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S UNITS OF SERVICE	S MONTH-OF-PAYMENT R	EPORT FOR JAN 2  AID CODE  AVERAGE COST	2005 THRU DEC 68 MONI UNITS/DAYS	C 2005 THLY AVERA COST PER	GE - C
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE	S MONTH-OF-PAYMENT R SUPPORT - DISABLED EXPENDITURES	EPORT FOR JAN 2  AID CODE  AVERAGE COST PER UNIT/DAY	2005 THRU DEC 68 MON' UNITS/DAYS PER ELIG	C 2005 THLY AVERA COST PER USER	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 100	S MONTH-OF-PAYMENT R SUPPORT - DISABLED EXPENDITURES 5,558.48	EPORT FOR JAN 2  AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58	68 MONY UNITS/DAYS PER ELIG .433 \$	C 2005  THLY AVERA  COST PER  USER  198.52	GE - C
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 28 3	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 100 S	S MONTH-OF-PAYMENT R SUPPORT - DISABLED EXPENDITURES 5,558.48 2,700.00	EPORT FOR JAN 2  AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00	68 MONY UNITS/DAYS PER ELIG .433 \$ .000	C 2005  THLY AVERA  COST PER  USER  198.52  900.00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 100	S MONTH-OF-PAYMENT R SUPPORT - DISABLED EXPENDITURES 5,558.48 2,700.00 .00	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00	68 MONY UNITS/DAYS PER ELIG .433 \$ .000 .000	THLY AVERA COST PER USER 198.52 900.00 .00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 28 3 0 0	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 100 0 0	EMONTH-OF-PAYMENT R SUPPORT - DISABLED EXPENDITURES 5,558.48 2,700.00 .00	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00	68 MON' UNITS/DAYS PER ELIG .433 \$ .000 .000	C 2005  THLY AVERA  COST PER  USER  198.52  900.00  .00 .00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 28 3	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 100 S	S MONTH-OF-PAYMENT R SUPPORT - DISABLED EXPENDITURES 5,558.48 2,700.00 .00 .00 .00	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00	68 MONT UNITS/DAYS PER ELIG .433 \$ .000 .000 .000	C 2005  THLY AVERA  COST PER  USER  198.52  900.00  .00  .00 .00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 28 3 0 0	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 100 0 0	EMONTH-OF-PAYMENT R SUPPORT - DISABLED EXPENDITURES 5,558.48 2,700.00 .00 .00 .00 .00	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00 .00	68 MONT UNITS/DAYS PER ELIG .433 \$ .000 .000 .000 .000	C 2005  THLY AVERA  COST PER  USER  198.52  900.00  .00  .00 .00 .00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 28 3 0 0	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 100 0 0 0 0 0	EMONTH-OF-PAYMENT R SUPPORT - DISABLED EXPENDITURES 5,558.48 2,700.00 .00 .00 .00 .00 .00	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00 .00 .00	68 MONT UNITS/DAYS PER ELIG .433 \$ .000 .000 .000 .000 .000	C 2005  THLY AVERA  COST PER  USER  198.52  900.00  .00  .00 .00 .00 .00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 28 3 0 0	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 100 S 0 0 0 0 0	EMONTH-OF-PAYMENT R SUPPORT - DISABLED EXPENDITURES 5,558.48 2,700.00 .00 .00 .00 .00 .00 .00	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00 .00 .00 .00	68 MONT UNITS/DAYS PER ELIG .433 \$ .000 .000 .000 .000 .000 .000	C 2005  THLY AVERA  COST PER  USER  198.52  900.00  .00  .00 .00 .00 .00 .00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  28 3 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 100 0 0 0 0 0	EMONTH-OF-PAYMENT R SUPPORT - DISABLED  EXPENDITURES  5,558.48 2,700.00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00 .00 .00 .00 .00 .00	68 MONT UNITS/DAYS PER ELIG .433 \$ .000 .000 .000 .000 .000 .000 .000	C 2005  THLY AVERA  COST PER  USER  198.52  900.00  .00  .00  .00  .00  .00  .00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  28 3 0 0 0 0 0 0 0 3	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 100 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  5,558.48 2,700.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	68 MONT UNITS/DAYS PER ELIG .433 \$ .000 .000 .000 .000 .000 .000 .000 .0	C 2005  THLY AVERA  COST PER  USER  198.52  900.00  .00  .00  .00  .00  .00  .00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  28 3 0 0 0 0 0 0 0 0 3 0	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 100 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  5,558.48 2,700.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	68 MONT UNITS/DAYS PER ELIG .433 \$ .000 .000 .000 .000 .000 .000 .000 .0	C 2005  THLY AVERA  COST PER  USER  198.52  900.00  .00  .00  .00  .00  .00  .00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  28 3 0 0 0 0 0 0 0 3 0 27	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 100 0 0 0 0 0 0 0 0 100	EXPENDITURES  5,558.48 2,700.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	68 MONT UNITS/DAYS PER ELIG .433 \$ .000 .000 .000 .000 .000 .000 .000 .0	C 2005  THLY AVERA  COST PER  USER  198.52  900.00  .00  .00  .00  .00  .00  .00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  28 3 0 0 0 0 0 0 0 27 0	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 100 0 0 0 0 0 0 0 100 0	EXPENDITURES  5,558.48 2,700.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	68 MON' UNITS/DAYS PER ELIG .433 \$ .000 .000 .000 .000 .000 .000 .000 .0	C 2005  THLY AVERA  COST PER  USER  198.52  900.00  .00  .00  .00  .00  .00  .00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  28 3 0 0 0 0 0 0 27 0 1	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 100 S 0 0 0 0 0 100 0 1100	EXPENDITURES  5,558.48 2,700.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	68 MON' UNITS/DAYS PER ELIG .433 \$ .000 .000 .000 .000 .000 .000 .000 .0	C 2005  THLY AVERA  COST PER  USER  198.52  900.00  .00  .00  .00  .00  .00  .00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  28 3 0 0 0 0 0 0 27 0 1 3	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 100 S 0 0 0 0 0 0 100 0 11 5	EXPENDITURES  5,558.48 2,700.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	68 MON' UNITS/DAYS PER ELIG .433 \$ .000 .000 .000 .000 .000 .000 .000 .0	C 2005  THLY AVERA  COST PER  USER  198.52  900.00  .00  .00  .00  .00  .00  .00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  28 3 0 0 0 0 0 0 27 0 1 3 1	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 100 S 0 0 0 0 0 100 11 5 1	EXPENDITURES  5,558.48 2,700.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	68 MON' UNITS/DAYS PER ELIG .433 \$ .000 .000 .000 .000 .000 .000 .000 .0	C 2005  THLY AVERA  COST PER  USER  198.52  900.00  .00  .00  .00  .00  .00  .00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  28 3 0 0 0 0 0 0 27 0 1 3 1 1	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 100 S 0 0 0 0 0 100 0 11 5 1	EMONTH-OF-PAYMENT R EUPPORT - DISABLED  EXPENDITURES  5,558.48 2,700.00 .00 .00 .00 .00 .00 .00 2,700.00 .00 2,700.00 .00 2,858.48 .00 14.34 63.33 65.84 172.30	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	68 MON' UNITS/DAYS PER ELIG .433 \$ .000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 198.52 900.00 .00 .00 .00 .00 .00 .00 .00 .105.87 .00 14.34 21.11 65.84 172.30	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  28 3 0 0 0 0 0 0 0 27 0 1 3 1 1 23	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 100 S 0 0 0 0 0 100 11 5 1 2 91	EMONTH-OF-PAYMENT R EUPPORT - DISABLED  EXPENDITURES  5,558.48 2,700.00 .00 .00 .00 .00 .00 .00 2,700.00 .00 2,700.00 2,858.48 .00 14.34 63.33 65.84 172.30 2,542.67	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	68 MONY UNITS/DAYS PER ELIG .433 \$ .000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 198.52 900.00 .00 .00 .00 .00 .00 .00 .00 .105.87 .00 14.34 21.11 65.84 172.30 110.55	GE - C E \$
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  28 3 0 0 0 0 0 0 0 27 0 1 3 1 1 23 0	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 100 S 0 0 0 0 0 100 0 11 5 1 2 91	EXPENDITURES  5,558.48 2,700.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	68 MONY UNITS/DAYS PER ELIG .433 \$ .000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 198.52 900.00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  231 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  28 3 0 0 0 0 0 0 0 27 0 1 3 1 1 23	ES AND EXPENDITURES /DENTAL ICES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 100 S 0 0 0 0 0 100 11 5 1 2 91	EMONTH-OF-PAYMENT R EUPPORT - DISABLED  EXPENDITURES  5,558.48 2,700.00 .00 .00 .00 .00 .00 .00 2,700.00 .00 2,700.00 2,858.48 .00 14.34 63.33 65.84 172.30 2,542.67	AID CODE  AVERAGE COST PER UNIT/DAY \$ 55.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	68 MONY UNITS/DAYS PER ELIG .433 \$ .000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 198.52 900.00 .00 .00 .00 .00 .00 .00 .00 .105.87 .00 14.34 21.11 65.84 172.30 110.55	GE - C E \$

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ANCILLARIES

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@NURSING FACILITY	5	0	\$	4,148.49	\$	.00	.000	\$	829.70	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	5	0		4,148.49		.00	.000		829.70	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ċ	.00	\$
	0	0	Ą		Ą			ې		Ą
ICF DDH	0	•		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	\$
HOSPITAL BASED	0	0	7	.00	7	.00	.000	т	.00	т
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	3	8	\$	119.12	بع	14.89	.035	بع	39.71	ė.
	3	8	Þ		Ą			Ş		\$
PATHOLOGY	3	8		119.12		14.89	.035		39.71	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	58	158	\$	7,471.59	\$	47.29	.684	\$	128.82	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	58	158		7,471.59		47.29	.684		128.82	
#CALIF DEPT OF HEALTH SERV			TIDEC M	ONTH-OF-PAYMENT F				חביכ		PÆ
			OKES N	MONTH-OF-PAIMENT F	CEPORI	FOR UAN 2	2005 IRO	DEC	2005	FF.
DEL NORTE COUNTY	FEE-FOR-SERVIC									
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR IN HO	ME SUE	PPORT - DISABLED		AID CODE				<b>~</b> =
							M			
231 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES		RAGE COST	M UNITS/DAY	S	COST PER	.GE - C
			CE			RAGE COST	M	S		
		UNITS OF SERVI	CE		PER	RAGE COST	M UNITS/DAY	S C	COST PER	C E
231 ELIGIBLES  @ALL OTHER PROVIDERS	USERS	UNITS OF SERVI OR DAYS OF CA 139	CE RE	EXPENDITURES 6,575.03	PER \$	RAGE COST UNIT/DAY 47.30	M UNITS/DAY PER ELIG .602	S C	COST PER USER 152.91	C E
231 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	USERS 43 2	UNITS OF SERVI OR DAYS OF CA 139 2	CE RE	EXPENDITURES 6,575.03 75.05	PER \$	RAGE COST UNIT/DAY 47.30 37.53	UNITS/DAY PER ELIG .602 .009	S C	COST PER USER 152.91 37.53	C E
231 ELIGIBLES  @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK	USERS 43 2 0	UNITS OF SERVI OR DAYS OF CA 139 2 0	CE RE	EXPENDITURES 6,575.03 75.05 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53	UNITS/DAY PER ELIG .602 .009	S C	COST PER USER 152.91 37.53 .00	C E
231 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	USERS 43 2 0 0	UNITS OF SERVI OR DAYS OF CA 139 2 0	CE RE	EXPENDITURES 6,575.03 75.05 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00	M UNITS/DAY PER ELIG .602 .009 .000	S C	USER 152.91 37.53 .00	C E
231 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	USERS 43 2 0 0 0	UNITS OF SERVI OR DAYS OF CA 139 2 0 0	CE RE	EXPENDITURES 6,575.03 75.05 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00	M UNITS/DAY PER ELIG .602 .009 .000	S C	USER 152.91 37.53 .00 .00	C E
231 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	USERS 43 2 0 0 0 0	UNITS OF SERVI OR DAYS OF CA 139 2 0	CE RE	EXPENDITURES 6,575.03 75.05 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00	M UNITS/DAY PER ELIG .602 .009 .000 .000	S C	COST PER USER 152.91 37.53 .00 .00	C E
231 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	USERS 43 2 0 0 0 0 0	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0	CE RE	EXPENDITURES 6,575.03 75.05 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000	S C	COST PER USER 152.91 37.53 .00 .00 .00	C E
231 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	USERS 43 2 0 0 0 0 0 0	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0	CE RE	EXPENDITURES 6,575.03 75.05 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000	S C	COST PER USER 152.91 37.53 .00 .00 .00	C E
231 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	USERS 43 2 0 0 0 0 0	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0	CE RE	EXPENDITURES 6,575.03 75.05 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000	S C	COST PER USER 152.91 37.53 .00 .00 .00	C E
231 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	USERS 43 2 0 0 0 0 0 0	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0	CE RE	EXPENDITURES 6,575.03 75.05 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000	S C	COST PER USER 152.91 37.53 .00 .00 .00	C E
231 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	USERS 43 2 0 0 0 0 0 0 0 0	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0	CE RE	EXPENDITURES 6,575.03 75.05 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00 .00	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000 .000	S C	COST PER USER 152.91 37.53 .00 .00 .00 .00	C E
231 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS  43 2 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0 0 0 0	CE RE	EXPENDITURES 6,575.03 75.05 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000 .000 .000 .0	S C	COST PER USER 152.91 37.53 .00 .00 .00 .00 .00	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS  43 2 0 0 0 0 0 0 0 0 0 10	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0	CE RE	EXPENDITURES  6,575.03  75.05 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000 .000 .000 .0	S C	COST PER USER 152.91 37.53 .00 .00 .00 .00 .00 .00	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS  43 2 0 0 0 0 0 0 0 0 10 0	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0 0 333 0	CE RE	EXPENDITURES  6,575.03  75.05 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000 .000 .000 .0	S C	COST PER USER 152.91 37.53 .00 .00 .00 .00 .00 .00 .00 .00	C E
231 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS  43 2 0 0 0 0 0 0 0 10 0 5	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0 0 0	CE RE	EXPENDITURES  6,575.03 75.05 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000 .000 .000 .0	S C	COST PER USER 152.91 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	USERS  43 2 0 0 0 0 0 0 0 10 0 5	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0 0 33 0 16	CE RE	EXPENDITURES  6,575.03 75.05 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000 .000 .000 .0	S C	COST PER USER 152.91 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	USERS  43 2 0 0 0 0 0 0 0 10 0 5	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0 0 0	CE RE	EXPENDITURES  6,575.03 75.05 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000 .000 .000 .0	S C	COST PER USER 152.91 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	USERS  43 2 0 0 0 0 0 0 0 10 0 5	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0 0 33 0 16	CE RE	EXPENDITURES  6,575.03 75.05 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000 .000 .000 .0	S C	COST PER USER 152.91 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	USERS  43 2 0 0 0 0 0 0 0 10 0 5	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0 0 33 0 16	CE RE	EXPENDITURES  6,575.03 75.05 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000 .000 .000 .0	S C	COST PER USER 152.91 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	USERS  43 2 0 0 0 0 0 0 0 10 0 5	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0 0 33 0 16	CE RE	EXPENDITURES  6,575.03 75.05 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000 .000 .000 .0	S C	COST PER USER 152.91 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	USERS  43 2 0 0 0 0 0 0 0 10 0 5	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0 0 33 0 16	CE RE	EXPENDITURES  6,575.03 75.05 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000 .000 .000 .0	S C	COST PER USER 152.91 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	USERS  43 2 0 0 0 0 0 0 0 10 0 5	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0 0 33 0 16	CE RE	EXPENDITURES  6,575.03 75.05 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000 .000 .000 .0	S C	COST PER USER 152.91 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS  43 2 0 0 0 0 0 0 0 10 0 5	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0 0 33 0 16	CE RE	EXPENDITURES  6,575.03 75.05 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000 .000 .000 .0	S C	COST PER USER 152.91 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	USERS  43 2 0 0 0 0 0 0 0 10 0 5	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0 0 33 0 16	CE RE	EXPENDITURES  6,575.03 75.05 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000 .000 .000 .0	S C	COST PER USER 152.91 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS  43 2 0 0 0 0 0 0 0 10 0 5	UNITS OF SERVI OR DAYS OF CA 139 2 0 0 0 0 0 0 0 0 16 0 0 0 0 0 0 0 0 0 0	CE RE	EXPENDITURES  6,575.03 75.05 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 47.30 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .602 .009 .000 .000 .000 .000 .000 .000 .0	S C	COST PER USER 152.91 37.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E

EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	27	88	1,424.57	16.19	.381	52.76	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	62	1,165	\$ 14,948.85	\$ 12.83	5.043	\$ 241.11	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

						M	ONT	HLY AVERA	ΔGE -
721 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST				C
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	740	21,554	\$ 350,775.25	\$	16.27	29.895	\$	474.02	\$
@PHYSICIANS SERVICES	110	390	\$ 6,833.39	\$	17.52	.541	\$	62.12	\$
OUTPATIENT VISITS	1	1	59.50		59.50	.001		59.50	
OFFICE VISITS	1	1	59.50		59.50	.001		59.50	
HOME VISITS	0	0	.00		.00	.000		.00	
EMERGENCY ROOM	0	0	.00		.00	.000		.00	
PREVENTIVE CARE	0	0	.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00	
OTHER OUTPATIENT	0	0	.00		.00	.000		.00	
INPATIENT VISITS	0	0	.00		.00	.000		.00	
HOSPITAL VISITS	0	0	.00		.00	.000		.00	
CRITICAL CARE	0	0	.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	1	1	38.43		38.43	.001		38.43	
EXAMINATIONS	1	1	38.43		38.43	.001		38.43	
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00	
ASSISTANT SURGEON	0	0	.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00	
OUTPATIENT SURGERY	1	2	492.00		246.00	.003		492.00	
PRINCIPAL SURGEON	1	2	492.00		246.00	.003		492.00	
ASSISTANT SURGEON	0	0	.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00	
DIALYSIS	0	0	.00		.00	.000		.00	
PATHOLOGY	1	1	48.20		48.20	.001		48.20	
RADIOLOGY	1	1	21.60		21.60	.001		21.60	
PSYCHIATRY	0	0	.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	108	384	6,173.66		16.08	.533		57.16	
@PHARMACY	538	18,763	\$ 246,951.25	\$	13.16	26.024	\$	459.02	\$
PRESCRIPTION DRUGS	492	2,396	239,924.21		100.14	3.323		487.65	
SNF/ICF	3	26	630.61		24.25	.036		210.20	
OUTPATIENTS	491	2,370	239,293.60		100.97	3.287		487.36	
MEDICAL SUPPLIES	82	16,367	7,027.04		.43	22.700		85.70	
@DENTIST	4	52	\$ 2,405.00	\$	46.25	.072	\$	601.25	\$
VISITS - DIAGNOSTIC	4	6	173.00		28.83	.008		43.25	
ORAL SURGERY	2	44	2,132.00		48.45	.061		1066.00	
DRUGS	0	0	.00		.00	.000		.00	
ANESTHESIA	2	2	100.00		50.00	.003		50.00	

PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALTE DEDT OF HEALTH SERV	MEDI CAI CEDUTCEC AND	EADEMDILLIDEG	MONTH OF DAVMENT DEDODT	EOD TAM	SUVE ARBIT DEC	2005

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024

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FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

					 			M	INO	HLY AVERA	GE -
721	ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER	C
			OR DAYS	OF CARE		PER	UNIT/DAY	PER ELIG	ļ	USER	E
@OPTOMETRIST		9		20	\$ 373.20	\$	18.66	.028	\$	41.47	\$
DIAGNOSTIC	AND ANC. PROCED	0		0	.00		.00	.000		.00	
EYE APPLIAN	ICES	7		16	278.30		17.39	.022		39.76	
OTHER OPTOM	METRIC SERVICES	2		4	94.90		23.73	.006		47.45	
@CHIROPRACTOR	2	0		0	\$ .00	\$	.00	.000	\$	.00	\$
VISITS		0		0	.00		.00	.000		.00	
OTHER SERVI	CES	0		0	.00		.00	.000		.00	
@PODIATRIST		8		9	\$ 75.21	\$	8.36	.012	\$	9.40	\$
MEDICINE/IN	JECTIONS	0		0	.00		.00	.000		.00	
SURGERY/ANE		0		0	.00		.00	.000		.00	
RADIO./PATH	IOLOGY	0		0	.00		.00	.000		.00	
OTHER		8		9	75.21		8.36	.012		9.40	
@HOME HEALTH		0		0	\$ .00	\$	.00	.000	\$	.00	\$
NURSE ANESTH		0		0	\$ .00	\$	.00	.000	\$	.00	\$
NURSE MIDWIF		0		0	\$ .00	\$	.00	.000	\$	.00	\$
PEDIATRIC NU	JRSE PRACTITIONER	0		0	\$ .00	\$	.00	.000	\$	.00	\$
	PRACTITIONER	0		0	\$ .00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPIT		98		620	\$ 22,029.33	\$	35.53	.860	\$	224.79	\$
HOSP INPATI		17		0	14,837.17		.00	.000		872.77	
HSC HOSPIT	ALS	0		0	.00		.00	.000		.00	

NON-HSC HOSPITAL TOTAL	0	0		.00		.00		.000		.00	
ACCOMMODATIONS	0	0		.00		.00		.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00		.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00		.000		.00	
ALL OTHER ACCOM	0	0		.00		.00		.000		.00	
ANCILLARIES	0	0		.00		.00		.000		.00	
INPATIENT CROSSOVERS	17	0		14,837.17		.00		.000		872.77	
ALL OTHER INPATIENT	0	0		.00		.00		.000		.00	
HOSP OUTPATIENT TOTAL	91	620		7,192.16		11.60		.860		79.03	
MEDICAL	0	0		.00		.00		.000		.00	
SURGERY	1	1		14.34		14.34		.001		14.34	
PATHOLOGY	3	5		63.33		12.67		.007		21.11	
RADIOLOGY	1	1		65.84		65.84		.001		65.84	
ROOM USE	1	2		172.30		86.15		.003		172.30	
CROSSOVERS/ALL OTH OUTPTNT	87	611		6,876.35		11.25		.847		79.04	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00		.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00		.000		.00	
HSC HOSPITALS	0	0		.00		.00		.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00		.000		.00	
ACCOMMODATIONS	0	0		.00		.00		.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00		.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00		.000		.00	
ALL OTHER ACCOM	0	0		.00		.00		.000		.00	
ANCILLARIES	0	0		.00		.00		.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00		.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00		.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00		.000		.00	
MEDICAL	0	0		.00		.00		.000		.00	
SURGERY	0	0		.00		.00		.000		.00	
PATHOLOGY	0	0		.00		.00		.000		.00	
RADIOLOGY	0	0		.00		.00		.000		.00	
ROOM USE	0	0		.00		.00		.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00		.000		.00	
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA		ES MONTH-O	F-PAYMENT RE	PORT F	OR JAN	2005	ΓHRU	DEC	2005	PA

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

----- MONTHLY AVERAGE -721 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E 35.53 @COMMUNITY HOSPITAL TOTAL 620 .860 \$ 224.79 22,029.33 \$ COMM HOSP INPATIENT TOTAL 17 14,837.17 .00 .000 872.77 HSC HOSPITALS Ω .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .000 TRANSITIONAL IP CARE .00 ALL OTHER ACCOM .00 .00 .000 .00 0 .00 .000 ANCILLARIES .00 .00 INPATIENT CROSSOVERS 14,837.17 .00 .000 872.77 .00 ALL OTHER INPATIENT 0 .00 .00 .000 7,192.16 COMM HOSP OUTPATIENT TOTAL 91 620 11.60 .860 79.03 MEDICAL 0 0 .00 .00 .000 .00 SURGERY 1 14.34 14.34 .001 14.34 5 3 12.67 .007 21.11 PATHOLOGY 63.33 RADIOLOGY 65.84 65.84 .001 65.84

ROOM USE	1	2		172.30		86.15	.003		172.30	
CROSSOVERS/ALL OTH OUTPTNT	87	611		6,876.35		11.25	.847		79.04	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	23	336	\$	46,571.28	\$	138.61	.466	\$	2024.84	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	23	336		46,571.28		138.61	.466		2024.84	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	3	8	\$	119.12	\$	14.89	.011	\$	39.71	\$
PATHOLOGY	3	8		119.12		14.89	.011		39.71	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	125	287	\$	11,749.18	\$	40.94	.398	\$	93.99	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	125	287		11,749.18		40.94	.398		93.99	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		JRES M	IONTH-OF-PAYMENT RI	EPORT	' FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DE	NTAL								

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

721 ELIGIBLES USERS AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE EXPENDITURES (OR DAYS OF CARE PER UNIT/DAY PER ELIG USER Ε @ALL OTHER PROVIDERS 178 1,069 13,668.29 12.79 1.483 \$ 76.79 DURABLE MED. EOUIP. 5 6 286.08 47.68 .008 57.22 .00 .000 .00 BLOOD BANK Ω .00 .00 .00 .000 .00 HEARING AID DISPENSERS MEDICAL TRANSPORTATION 754.26 .721 520 1.45 251.42 AMBULANCES/AIR TRANS Ω .00 .00 .000 .00 OTHER TRANS 520 754.26 1.45 .721 251.42 OTHER SERVICES 0 .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 .00 .000 .00 GENETIC DISEASE TESTING 4,916.21 148.98 IHMC, MODEL-NF, NF, AIDS, MSSP 10 33 .046 491.62 .00 OCCUPATIONAL THERAPIST 0 0 .00 .000 .00 OPTICIAN 16 43 471.76 10.97 .060 29.49 PHYSICAL THERAPIST 0 0 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS 0 .00 .00 .000 .00 PROSTHETICS .000 .00 .00 .00 .00 ORTHOTICS .00 .000 .00

---- MONTHLY AVERAGE

PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	148	467	7,239.98	15.50	.648	48.92	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	274	7,185	\$ 47,056.28	\$ 6.55	9.965	\$ 171.74	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR PUBLIC AS	5515	TANCE - AGED				
						Mo		
3,192 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAY	COST PER	C
		OR DAYS OF CARE			,	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	3,398		\$	1,202,904.99	\$ 16.97	22.213	354.00	\$
@PHYSICIANS SERVICES	448	1,264	\$	18,579.41	\$ 14.70	.396	\$ 41.47	\$
OUTPATIENT VISITS	2	2		61.50	30.75	.001	30.75	
OFFICE VISITS	2	2		61.50	30.75	.001		
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	1	1 2		2.80	2.80	.000	2.80	
RADIOLOGY	2	2		15.47	7.74	.001	7.74	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	446	1,259		18,499.64	14.69	.394	41.48	
@PHARMACY	2,434	,	<b>;</b>	790,327.22	\$ 17.03	14.537	\$ 324.70	\$
PRESCRIPTION DRUGS	2,305	9,474		767,777.31	81.04	2.968	333.09	
SNF/ICF	60	450		24,666.26	54.81	.141	411.10	
OUTPATIENTS	2,250	9,024		743,111.05	82.35			
MEDICAL SUPPLIES	267	36,929		22,549.91	.61	11.569	84.46	

@DENTIST	25	52 \$	2,919.35 \$	56.14	.016 \$	116.77	\$
VISITS - DIAGNOSTIC	17	28	521.35	18.62	.009	30.67	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	5	13	245.00	18.85	.004	49.00	
PROSTHETICS	1	1	30.00	30.00	.000	30.00	
DENTURES, STAYPLATES	6	10	2,123.00	212.30	.003	353.83	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
HONETE DEDE OF HENTER CEDIA	MEDI GIL GEDINIGEG I		MONTHER OF BRIDGER BEDG	DE EOD TAXE O	AAE MIIDII DE	~ ~ ~ ~ =	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

							M	ГИО	THLY AVERA	4GE -	
3,192 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	C	
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER	E	
@OPTOMETRIST	48	145	\$	2,731.22	\$	18.84	.045	\$	56.90	\$	
DIAGNOSTIC AND ANC. PROCED	14	25		577.41		23.10	.008		41.24		
EYE APPLIANCES	43	114		2,056.88		18.04	.036		47.83		
OTHER OPTOMETRIC SERVICES	3	6		96.93		16.16	.002		32.31		
@CHIROPRACTOR	2	3	\$	50.16	\$	16.72	.001	\$	25.08	\$	
VISITS	0	0		.00		.00	.000		.00		
OTHER SERVICES	2	3		50.16		16.72	.001		25.08		
@PODIATRIST	44	68	\$	658.09	\$	9.68	.021	\$	14.96	\$	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		
SURGERY/ANES.	0	0		.00		.00	.000		.00		
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		
OTHER	44	68		658.09		9.68	.021		14.96		
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE ANESTHESIST	1	1	\$	15.66	\$	15.66	.000	\$	15.66	\$	
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00	\$	
@TOTAL HOSPITAL	327	1,075	\$	91,261.35	\$	84.89	.337	\$	279.09	\$	
HOSP INPATIENT TOTAL	79	17		76,702.06		4511.89	.005		970.91		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITAL TOTAL	4	17		26,388.94		1552.29	.005		6597.24		
ACCOMMODATIONS	4	17		11,552.54		679.56	.005		2888.14		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	4	17		11,552.54		679.56	.005		2888.14		
ANCILLARIES	4	0		14,836.40		.00	.000		3709.10		
INPATIENT CROSSOVERS	75	0		50,313.12		.00	.000		670.84		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	296	1,058		14,559.29		13.76	.331		49.19		
MEDICAL	0	0		.00		.00	.000		.00		
SURGERY	1	1		14.87		14.87	.000		14.87		
PATHOLOGY	1	1		11.90		11.90	.000		11.90		
RADIOLOGY	0	0		.00		.00	.000		.00		
ROOM USE	1	2		178.64		89.32	.001		178.64		

CROSSOVERS/ALL OTH OUTPTNT	296	1,054		14,353.88	13.62	.330	48.49	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00 \$	.00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	
	MEDI-CAL SERVICES AND		RES MONTH-O	F-PAYMENT REPO	RT FOR JAN 2	:005 THRU I	DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COINTY	CIMMARY OF CERVITCES EC	AR DITRITC	ACCTCTANCE	- ACED				

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					MO1	NTHLY AVERA	GE -
3,192 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	327	1,075 \$	91,261.35	\$ 84.89	.337	279.09	\$
COMM HOSP INPATIENT TOTAL	79	17	76,702.06	4511.89	.005	970.91	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	4	17	26,388.94	1552.29	.005	6597.24	
ACCOMMODATIONS	4	17	11,552.54	679.56	.005	2888.14	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	4	17	11,552.54	679.56	.005	2888.14	
ANCILLARIES	4	0	14,836.40	.00	.000	3709.10	
INPATIENT CROSSOVERS	75	0	50,313.12	.00	.000	670.84	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	

COMM HOSP OUTPATIENT TOTAL	296	1,058			14,559.	29		13.76		.331		49.19	
MEDICAL	0	, 0				00		.00		.000		.00	
SURGERY	1	1			14.	87		14.87		.000		14.87	
PATHOLOGY	1	1			11.	90		11.90		.000		11.90	
RADIOLOGY	0	0				00		.00		.000		.00	
ROOM USE	1	2			178.			89.32		.001		178.64	
CROSSOVERS/ALL OTH OUTPTNT	296	1,054			14,353.			13.62		.330		48.49	
@STATE HOSPITAL	0	0	\$				\$	.00		.000	Ś	.00	\$
MENTALLY ILL	0	0	т			00	т	.00		.000	т	.00	τ
DEVELOP. DISABLED	0	0				00		.00		.000		.00	
@NURSING FACILITY	87	1,557	\$		226,468.		\$	145.45		.488	\$	2603.09	\$
LEV A-INTERMEDIATE	0	0	т		•	00	т	.00		.000	т	.00	τ
LEV B-REHAB MD	0	0				00		.00		.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0				00		.00		.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0				00		.00		.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0				00		.00		.000		.00	
LEV B-REGULAR	87	1,557			226,468.			145.45		.488		2603.09	
@INTERMEDIATE CARE FACILDD	0	0	\$				\$	.00		.000	Ś	.00	\$
ICF DDH	0	0	7			00	т	.00		.000	-	.00	7
ICF DD	0	0				00		.00		.000		.00	
ICF DDN/DDCN	0	0				00		.00		.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$				\$	.00		.000	Ś	.00	\$
HOSPITAL BASED	0	0	'			00		.00		.000	•	.00	•
HEMODIALYSIS CENTER	0	0				00		.00		.000		.00	
@REHABILITATION FACILITY	0	0	\$			00	\$	.00		.000	\$	.00	\$
HOSPITAL BASED	0	0	·			00		.00		.000	·	.00	•
INDEPENDENT FACILITY	0	0				00		.00		.000		.00	
@LABORATORY FACILITY	2	3	\$		31.	69	\$	10.56		.001	\$	15.85	\$
PATHOLOGY	1	1			20.	34		20.34		.000	•	20.34	•
XO AND OTHERS	1	2			11.	35		5.68		.001		11.35	
@ORGANIZED OUTPATIENT CLINIC	555	875	\$		38,006.	02	\$	43.44		.274	\$	68.48	\$
CLINIC	1	1			79.			79.78		.000		79.78	
SURGICENTER	0	0				00		.00		.000		.00	
HEROIN DETOX CLINIC	0	0				00		.00		.000		.00	
RURAL HEALTH CLINIC	554	874			37,926.	24		43.39		.274		68.46	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES	MONTH-C			ORT	FOR JAN	2005	THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL												
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	PUBLI	C ASS	SISTANCE	E - AGED								
										I	TION	HLY AVERA	GE -

USERS 3,192 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @ALL OTHER PROVIDERS 589 19,457 \$ 31,856.33 \$ 1.64 6.096 \$ 54.09 \$ 23.72 181.30 DURABLE MED. EQUIP. 14 107 2,538.16 .034 BLOOD BANK 0 0 .00 .00 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 2.04 .282 MEDICAL TRANSPORTATION 19 901 1,836.34 96.65 AMBULANCES/AIR TRANS 0 0 .00 .00 .000 .00 OTHER TRANS 17 884 1,822.88 2.06 .277 107.23 OTHER SERVICES 3 17 13.46 .79 .005 4.49 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 GENETIC DISEASE TESTING 0 0 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST 0 0 .000 .00

2,568.06

10.61

.076

27.61

242

93

OPTICIAN

PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	3	4	1,082.51	270.63	.001	360.84	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	475	18,203	23,831.26	1.31	5.703	50.17	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	1,136	15,380	\$ 149,873.60	\$ 9.74	4.818	\$ 131.93	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND DEL NORTE COUNTY

					MON'		GE -
296 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	300	10,853	\$ 128,009.19		36.666 \$	426.70	\$
@PHYSICIANS SERVICES	48	114	\$ 3,284.57	\$ 28.81	.385 \$	68.43	\$
OUTPATIENT VISITS	13	15	751.53	50.10	.051	57.81	
OFFICE VISITS	11	13	650.45	50.03	.044	59.13	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	1	68.35	68.35	.003	68.35	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	1	1	32.73	32.73	.003	32.73	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	2	851.26	425.63		851.26	
PRINCIPAL SURGEON	1	1	709.38	709.38	.003	709.38	
ASSISTANT SURGEON	1	1	141.88	141.88		141.88	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	4	4	179.86	44.97	.014	44.97	
PRINCIPAL SURGEON	4	4	179.86	44.97	.014	44.97	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	2	2	78.60	39.30	.007	39.30	
RADIOLOGY	11	19	217.95	11.47	.064	19.81	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	1	4	200.00	50.00	.014	200.00	
OTHER SERVICES/ALL X-OVERS	27	68	1,005.37	14.78	.230	37.24	

@PHARMACY	236	9,888	\$ 80,144.81	\$ 8.11	33.405	\$ 339.60	\$
PRESCRIPTION DRUGS	208	729	72,837.81	99.91	2.463	350.18	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	208	729	72,837.81	99.91	2.463	350.18	
MEDICAL SUPPLIES	55	9,159	7,307.00	.80	30.943	132.85	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

DEL NORIE COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSI	SIANCE - BLIND							
							M	ГИО	HLY AVERA	GE -	
296 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	C	
		OR DAYS OF CARE	3		PEI	R UNIT/DAY	PER ELIG		USER	E	
@OPTOMETRIST	6	10	\$	209.76	\$	20.98	.034	\$	34.96	\$	
DIAGNOSTIC AND ANC. PROCED	4	4		124.06		31.02	.014		31.02		
EYE APPLIANCES	2	6		85.70		14.28	.020		42.85		
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		
@CHIROPRACTOR	3	4	\$	65.55	\$	16.39	.014	\$	21.85	\$	
VISITS	0	0		.00		.00	.000		.00		
OTHER SERVICES	3	4		65.55		16.39	.014		21.85		
@PODIATRIST	1	8	\$	52.80	\$	6.60	.027	\$	52.80	\$	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		
SURGERY/ANES.	0	0		.00		.00	.000		.00		
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		
OTHER	1	8		52.80		6.60	.027		52.80		
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE ANESTHESIST	2	10	\$	197.70	\$	19.77	.034	\$	98.85	\$	
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
@TOTAL HOSPITAL	37	181	\$	25,282.63	\$	139.68	.611	\$	683.31	\$	
HOSP INPATIENT TOTAL	6	8		21,224.94		2653.12	.027		3537.49		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITAL TOTAL	3	8		20,144.24		2518.03	.027		6714.75		
ACCOMMODATIONS	3	8		4,579.46		572.43	.027		1526.49		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	3	8		4,579.46		572.43	.027		1526.49		
ANCILLARIES	3	0		15,564.78		.00	.000		5188.26		
INPATIENT CROSSOVERS	3	0		1,080.70		.00	.000		360.23		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	33	173		4,057.69		23.45	.584		122.96		

MEDICAL	13	15	809.48	53.97	.051	62.27	
SURGERY	2	2	228.84	114.42	.007	114.42	
PATHOLOGY	7	29	499.34	17.22	.098	71.33	
RADIOLOGY	9	14	400.37	28.60	.047	44.49	
ROOM USE	14	18	607.15	33.73	.061	43.37	
CROSSOVERS/ALL OTH OUTPTNT	23	95	1,512.51	15.92	.321	65.76	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	) EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2005 THRU DE	C 2005	PA

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

DEL NORTE COUNTY

MOP024

DEE NORTH COUNTY	DOMINICE OF BEILVE	CDD I OIC	LODELC	11001011	IICH DHIND							
										THLY AVERA	GE -	
296 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES		VERAGE COST		S	COST PER	C	
		OR DAYS	OF CARE			Ρ.	ER UNIT/DAY	PER ELIG		USER	E	
@COMMUNITY HOSPITAL TOTAL	37		181	\$	25,282.63	\$	139.68	.611	\$	683.31	\$	
COMM HOSP INPATIENT TOTAL	6		8		21,224.94		2653.12	.027		3537.49		
HSC HOSPITALS	0		0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	3		8		20,144.24		2518.03	.027		6714.75		
ACCOMMODATIONS	3		8		4,579.46		572.43	.027		1526.49		
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		
ALL OTHER ACCOM	3		8		4,579.46		572.43	.027		1526.49		
ANCILLARIES	3		0		15,564.78		.00	.000		5188.26		
INPATIENT CROSSOVERS	3		0		1,080.70		.00	.000		360.23		
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		
COMM HOSP OUTPATIENT TOTAL	33		173		4,057.69		23.45	.584		122.96		
MEDICAL	13		15		809.48		53.97	.051		62.27		
SURGERY	2		2		228.84		114.42	.007		114.42		
PATHOLOGY	7		29		499.34		17.22	.098		71.33		
RADIOLOGY	9		14		400.37		28.60	.047		44.49		
ROOM USE	14		18		607.15		33.73	.061		43.37		
CROSSOVERS/ALL OTH OUTPTNT	23		95		1,512.51		15.92	.321		65.76		
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
MENTALLY ILL	0		0		.00		.00	.000		.00		
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		
LEV B-REHAB MD	0		0		.00		.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	·	.00	•	.00	.000	·	.00	•
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	·	.00		.00	.000		.00	•
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	6	24	\$	335.93	\$	14.00	.081	\$	55.99	\$
PATHOLOGY	6	24		335.93		14.00	.081		55.99	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	49	67	\$	5,459.50	\$	81.49	.226	\$	111.42	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	49	67		5,459.50		81.49	.226		111.42	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	URES M	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE	E/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR PUBLI	C ASSI	STANCE - BLIND						
							M	ONT:	HLY AVERA	GE -
296 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES			UNITS/DAY	S	COST PER	C
		OR DAYS OF CA	RE		PER	UNIT/DAY	PER ELIG	ļ	USER	E
@ALL OTHER PROVIDERS	37	547	\$	12,975.94	\$	23.72	1.848	\$	350.70	\$
DURABLE MED. EQUIP.	5	21		8,437.10		401.77	.071		1687.42	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
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MEDICAL TRANSPORTATION

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

AMBULANCES/AIR TRANS

	_	_					
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	4	16	252.47	15.78	.054	63.12	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	3	10	2,445.52	244.55	.034	815.17	
PROSTHETICS	3	10	2,445.52	244.55	.034	815.17	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	24	100	1,222.75	12.23	.338	50.95	
@CALIF. CHILDREN SERVICES*	23	758	\$ 17,132.53	\$ 22.60	2.561	\$ 744.89	\$
@XOVER EXCLUDING STATE HOSP**	69	3,113	\$ 6,553.63	\$ 2.11	10.517	\$ 94.98	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

PA

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

222 1101112 0001111			MONTHLY AVERAGE -						
23,215 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	.OE		
,		OR DAYS OF CARE		PER UNIT/DAY		USER	E		
@TOTAL, ALL PROVIDERS	23,802	478,640	\$ 13,843,328.72	\$ 28.92	20.618	581.60	\$		
@PHYSICIANS SERVICES	4,608	12,399	\$ 432,612.01		.534	93.88	\$		
OUTPATIENT VISITS	1,084	1,432	54,558.75	38.10	.062	50.33			
OFFICE VISITS	944	1,218	43,798.15	35.96	.052	46.40			
HOME VISITS	0	0	.00	.00	.000	.00			
EMERGENCY ROOM	113	141	8,376.26	59.41	.006	74.13			
PREVENTIVE CARE	0	0	.00	.00	.000	.00			
OB VISITS/COMPRE PERI	12	36	1,337.13	37.14	.002	111.43			
OTHER OUTPATIENT	34	37	1,047.21		.002	30.80			
INPATIENT VISITS	115	341	17,471.92	51.24	.015	151.93			
HOSPITAL VISITS	97	295	11,992.16		.013	123.63			
CRITICAL CARE	11	33	4,952.66		.001	450.24			
SNF/ICF/TRANS IP CARE	13	13	527.10			40.55			
OPHTHALMOLOGICAL SERVICES	127	184	6,989.47	37.99	.008	55.04			
EXAMINATIONS	127	184	6,989.47	37.99		55.04			
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00			
INPATIENT HOSPITAL SURGERY	114	683	59,915.40	87.72	.029	525.57			
PRINCIPAL SURGEON	79	126	48,949.92	388.49	.005	619.62			
ASSISTANT SURGEON	10	10	1,995.97		.000	199.60			
ANESTHESIOLOGIST	35	547	8,969.51	16.40	.024	256.27			
OUTPATIENT SURGERY	311	647	76,454.29	118.17	.028	245.83			
PRINCIPAL SURGEON	282	367	70,536.23	192.20	.016	250.13			
ASSISTANT SURGEON	2	2	136.64	68.32	.000	68.32			
ANESTHESIOLOGIST	33	278	5,781.42	20.80	.012	175.19			
DIALYSIS	13	34	3,379.34	99.39	.001	259.95			

PATHOLOGY	261	453	8,985.05	19.83	.020	34.43	
RADIOLOGY	2,010	3,542	94,722.02	26.74	.153	47.13	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	19	61	2,536.78	41.59	.003	133.51	
OTHER SERVICES/ALL X-OVERS	1,533	5,022	107,598.99	21.43	.216	70.19	
@PHARMACY	16,255	259,234	7,170,989.34	\$ 27.66	11.167 \$	441.16	\$
PRESCRIPTION DRUGS	15,656	66,485	6,999,392.84	105.28	2.864	447.07	
SNF/ICF	107	1,106	106,051.56	95.89	.048	991.14	
OUTPATIENTS	15,552	65,379	6,893,341.28	105.44	2.816	443.24	
MEDICAL SUPPLIES	1,567	192,749	171,596.50	.89	8.303	109.51	
@DENTIST	245	1,131	\$ 55,901.35	\$ 49.43	.049 \$	228.17	\$
VISITS - DIAGNOSTIC	166	528	7,578.85	14.35	.023	45.66	
ORAL SURGERY	48	365	19,223.00	52.67	.016	400.48	
DRUGS	2	4	15.00	3.75	.000	7.50	
ANESTHESIA	20	20	1,800.00	90.00	.001	90.00	
PERIODONTICS	10	11	553.00	50.27	.000	55.30	
ENDODONTICS	8	8	1,162.00	145.25	.000	145.25	
RESTORATIVE DENTISTRY	40	99	5,739.50	57.97	.004	143.49	
PROSTHETICS	3	3	75.00	25.00	.000	25.00	
DENTURES, STAYPLATES	51	79	19,670.00	248.99	.003	385.69	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	2	3	50.00	16.67	.000	25.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	
ALL OTHER SERVICES	10	10	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	S MONTH-OF-PAYMENT RE	PORT FOR JAN	2005 THRU DE	C 2005	PA

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

DEE 1.01112 0001111	201111111 01 2211	0 _ 0 _ 0		01111.02 010110220						
							M	CNO	THLY AVERA	GE -
23,215 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	604	1,690	\$	32,495.62	\$	19.23	.073	\$	53.80	\$
DIAGNOSTIC AND ANC. PROCED	342	535		13,362.11		24.98	.023		39.07	
EYE APPLIANCES	415	1,129		18,718.42		16.58	.049		45.10	
OTHER OPTOMETRIC SERVICES	17	26		415.09		15.97	.001		24.42	
@CHIROPRACTOR	209	345	\$	5,716.28	\$	16.57	.015	\$	27.35	\$
VISITS	194	321		5,329.50		16.60	.014		27.47	
OTHER SERVICES	15	24		386.78		16.12	.001		25.79	
@PODIATRIST	211	309	\$	7,246.83	\$	23.45	.013	\$	34.35	\$
MEDICINE/INJECTIONS	120	142		4,445.26		31.30	.006		37.04	
SURGERY/ANES.	7	12		420.79		35.07	.001		60.11	
RADIO./PATHOLOGY	18	25		439.43		17.58	.001		24.41	
OTHER	83	130		1,941.35		14.93	.006		23.39	
@HOME HEALTH AGENCY	44	594	\$	34,974.12	\$	58.88	.026	\$	794.87	\$
NURSE ANESTHESIST	133	701	\$	13,859.51	\$	19.77	.030	\$	104.21	\$
NURSE MIDWIFE	9	22	\$	4,667.09	\$	212.14	.001	\$	518.57	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	4,606	24,274	\$	3,842,433.77	\$	158.29	1.046	\$	834.22	\$
HOSP INPATIENT TOTAL	434	1,165		3,019,479.42		2591.83	.050		6957.33	
HSC HOSPITALS	22	121		185,110.00		1529.83	.005		8414.09	
NON-HSC HOSPITAL TOTAL	222	1,044		2,706,401.19		2592.34	.045		12191.00	
ACCOMMODATIONS	222	1,044		902,091.61		864.07	.045		4063.48	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	

ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SUDGEDY	222 221	1,044	902,091.61	864.07	.045	4063.48	
ANCILLARIES	221	0	1 20/ 200 52	.00	.000	8164.30	
INPATIENT CROSSOVERS	194	0	127,968.23	.00	.000	659.63	
ALL OTHER INPATIENT	0	0	.00	.00	000	0.0	
HOSP OUTPATIENT TOTAL	4,403	0 0 0 23,109	822,954.35	.00 35.61	.995	186.91	
MEDICAL	1.729	3,508	225,572.34	64.30	.151	130.46	
SURGERY	356	448 7,327	28,808.11	64.30	.019	80.92	
PATHOLOGY	1.589	7.327	86.940.46	64.30 11.87	.316	54.71	
RADIOLOGY	1.550	2,305	187,728.72	81.44	. 099	121.12	
ROOM USE	1.686	2.851	114.970.49	40.33	.123	68.19	
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	2.405	6.670	114,970.49 178,934.23	40.33 26.83	287	186.91 130.46 80.92 54.71 121.12 68.19 74.40	
@COUNTY HOSPITAL TOTAL	11	28 \$	8,671.77	\$ 309.71	001 \$	788.34	\$
CO HOSPITAL INPATIENT TOTAL	2	7	8 120 00	1160 00	.000		۲
HSC HOSPITALS	2	7	8 120 00	1160.00 1160.00	.000	4060.00	
NON-HSC HOSDITALS TOTAL	0	0	0,120.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	000	.00	
ADMINICTRATIONS	0	0	178,934.23 8,671.77 8,120.00 8,120.00 .00 .00 .00	.00	.000	.00	
TRANSITTIONAL TO CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	0.0	.000	0.0	
ANCTLLADIFC	0	0	.00			.00	
TNDATTENT CDOCCOVEDC	0	0	.00	.00	.000	.00	
ALL OWIED INDAMIENT	0	0	.00 .00 551.77	.00 .00 .00	.000	.00	
ALL CIREX INPALLENT	0	21	.00 EE1 77	26.27	.001	61.31	
MEDICAL	2	2 1	551.//	20.27	.000	22.73	
MEDICAL	3	3	08.18	22.73 70.60 8.61	.000	70.60	
SURGER I	1	<u> </u>	70.60	70.60	.000		
PATHOLOGY	1	/	60.24	8.61	.000	60.24	
RADIOLOGY	1	4	/1.50	17.88 34.00	.000	71.50	
ROOM USE	3	3	102.01	34.00 59.75	.000	34.00	
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT  @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	3	3	179.24			59.75	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN	2005 THRU DEC	2 2005	P#
MOP024 DEL NORTE COUNTY	FEE-FOR-SERVICE	/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC ASSIS	STANCE - DISABLED				
					MON7		
23,215 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			C
		OR DAYS OF CARE	3,833,762.00 3,011,359.42	PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	4,600	24,246 \$	3,833,762.00	\$ 158.12 2600.48	1.044 \$	833.43	\$
COMM HOSP INPATIENT TOTAL	433	1,158	3,011,359.42 176,990.00 2,706,401.19 902,091.61	2600.48	.050	6954.64	
HSC HOSPITALS	20	114	176,990.00	1552.54	.005	8849.50	
NON-HSC HOSPITALS TOTAL	222	1,044	2,706,401.19	2592.34	.045	12191.00	
ACCOMMODATIONS	222	1,044	902,091.61	864.07	.045	4063.48	
23,215 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00 902,091.61	.00	.000	.00 4063.48	
ALL OTHER ACCOM	222	1,044	902,091.61			4063.48	
ANCILLARIES	221	0	1,804,309.58	.00	.000	8164.30	
TAIDAMTENM CDOCCOVERS	1 0 4	^	107 060 00	0.0	0.00	CEO CO	

0

23,088

3,505

7,320

2,301

2,848

6,667

365

0

\$

447

.00

.00

35.62

64.34

64.29

11.87

81.55

40.33

26.81

.00

701.83

.000

.000

.995

.151

.019

.315

.099

.123

.287

.000

.016

127,968.23

822,402.58

225,504.16

28,737.51

86,880.22

187,657.22

114,868.48

178,754.99

256,167.95

.00

.00

659.63

187.04

130.65

80.95

54.68

68.21

74.42

.00

\$ 21347.33

121.15

.00

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT

ALL OTHER INPATIENT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

MENTALLY ILL

ROOM USE

194

4,397

1,726

1,589

1,549

1,684

2,402

12

0

355

0

DEVELOP. DISABLED	12	365		256,167.95		701.83	.016		21347.33	
@NURSING FACILITY	91	1,635	\$	262,506.53		160.55	.070	\$	2884.69	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	1	8		4,640.56		580.07	.000		4640.56	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	90	1,627		257,865.97		158.49	.070		2865.18	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	43	230	\$	34,520.29	\$	150.09	.010	\$	802.80	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	43	230		34,520.29		150.09	.010		802.80	
@REHABILITATION FACILITY	5	29	\$	1,008.70	\$	34.78	.001	\$	201.74	\$
HOSPITAL BASED	5	29		1,008.70 .00		34.78	.001		201.74	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	1,615	5,677	\$	76,892.15	\$	13.54	.245	\$	47.61	\$
PATHOLOGY	1,611	5,661		76,829.33		13.57	.244		47.69	
XO AND OTHERS	4	16		62.82		3.93	.001		15.71	
@ORGANIZED OUTPATIENT CLINIC		11,388	\$	1,014,718.96	\$	89.10	.491	\$	139.04	\$
CLINIC	11	16		1,337.59		83.60 45.97	.001		121.60	
SURGICENTER	3	21		965.47 .00		45.97	.001		321.82	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	7,289	11,351		1,012,415.90		89.19	.489			
#CALIF DEPT OF HEALTH SERV			JRES	MONTH-OF-PAYMENT RE	EPOR'	FOR JAN	2005 THRU	DEC	2005	PA
	FEE-FOR-SERVIC									
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	: ASS	SISTANCE - DISABLED						
							M			
23,215 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES						C
		OR DAYS OF CAR	EΕ				PER ELIC		USER	E
@ALL OTHER PROVIDERS	2,791	158,617	\$	596,618.22			6.833			\$
DURABLE MED. EQUIP.	168	377		90,073.40		238.92				
BLOOD BANK	0	0		.00			.000		.00	
HEARING AID DISPENSERS	2	4		818.23		204.56	.000		409.12	
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	481	96,588		259,495.95 111,921.72		2.69	4.161		539.49 279.80 1588.80	
AMBULANCES/AIR TRANS	400	10,683		111,921.72		10.48 1.47	.460		279.80	
		,		125,514.84		1.47	3.676			
OTHER SERVICES	103	572		22,059.39		38.57	.025		214.17	

21

239

13

0

0

0

0

10

140

120

120

121

1,694

2,160

368.83

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.00

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.00

124.85

4,304.87

16,640.06

1,365.00

16,076.52

16,508.17

33,038.96

25,631.29

25,631.29

17.56

69.62

105.00

132.86

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9.75

15.30

213.59

213.59

12.49

30.75

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46.10

1280.00

105.00

487.17

25.51

149.50

1281.56

1281.56

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24.97

119.58

8

13

13

33

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20

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5

0

0

36

647

221

ACUPUNCTURE

OPTICIAN

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

TOGAT EDITORMION ACENICIES	2.60	F 000	20 000 55	П СП	004	100 40	
LOCAL EDUCATION AGENCIES	368	5,202	39,890.55	7.67	.224	108.40	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	922	51,928	92,281.54	1.78	2.237	100.09	
@CALIF. CHILDREN SERVICES*	87	1,248	\$ 200,048.10	\$ 160.29	.054	\$ 2299.40	\$
@XOVER EXCLUDING STATE HOSP**	3,058	40,517	\$ 371,670.94	\$ 9.17	1.745	\$ 121.54	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

222 1101112 0001111	001111111111111111111111111111111111111		 					
					MO1	NTHLY AVERA	GE -	
29,465 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	
@TOTAL, ALL PROVIDERS	15,148	70,568	\$ 4,523,722.15	\$ 64.10	2.395	\$ 298.63	\$	
@PHYSICIANS SERVICES	2,479	4,797	\$ 197,553.32	\$ 41.18	.163	79.69	\$	
OUTPATIENT VISITS	598	741	28,447.87	38.39	.025	47.57		
OFFICE VISITS	497	580	20,651.34	35.61	.020	41.55		
HOME VISITS	0	0	.00	.00	.000	.00		
EMERGENCY ROOM	73	79	4,261.65	53.94	.003	58.38		
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83		
OB VISITS/COMPRE PERI	14	56	2,513.78	44.89	.002	179.56		
OTHER OUTPATIENT	23	25	966.27	38.65	.001	42.01		
INPATIENT VISITS	69	316	32,773.82	103.71	.011	474.98		
HOSPITAL VISITS	58	163	8,540.44	52.40	.006	147.25		
CRITICAL CARE	17	153	24,233.38	158.39	.005	1425.49		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		
OPHTHALMOLOGICAL SERVICES	25	25	946.83	37.87	.001	37.87		
EXAMINATIONS	25	25	946.83	37.87	.001	37.87		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		
INPATIENT HOSPITAL SURGERY	52	227	31,458.58	138.58	.008	604.97		
PRINCIPAL SURGEON	38	51	26,321.11	516.10	.002	692.66		
ASSISTANT SURGEON	7	7	1,293.90	184.84	.000	184.84		
ANESTHESIOLOGIST	16	169	3,843.57	22.74	.006	240.22		

OUTPATIENT SURGERY	192	522		35,007.09	67.06	.018	182.	33
PRINCIPAL SURGEON	177	213		31,264.04	146.78	.007	176.	63
ASSISTANT SURGEON	0	0		.00	.00	.000		00
ANESTHESIOLOGIST	20	309		3,743.05	12.11	.010	187.	15
DIALYSIS	0	0		.00	.00	.000		00
PATHOLOGY	98	167		3,456.87	20.70	.006	35.	27
RADIOLOGY	1,636	2,310		51,186.21	22.16	.078	31.	29
PSYCHIATRY	0	0		.00	.00	.000		00
IMMUNIZATION AND INJECTION	30	95		733.75	7.72	.003	24.	46
OTHER SERVICES/ALL X-OVERS	212	394		13,542.30	34.37	.013	63.	88
@PHARMACY	7,032	16,735	\$	937,550.00	\$ 56.02	.568	\$ 133.	33 \$
PRESCRIPTION DRUGS	6,993	16,485		923,097.60	56.00	.559	132.	00
SNF/ICF	0	0		.00	.00	.000		00
OUTPATIENTS	6,993	16,485		923,097.60	56.00	.559	132.	00
MEDICAL SUPPLIES	152	250		14,452.40	57.81	.008	95.	08
@DENTIST	263	1,617	\$	57,408.55	\$ 35.50	.055	\$ 218.	28 \$
VISITS - DIAGNOSTIC	210	932		14,668.80	15.74	.032	69.	85
ORAL SURGERY	58	343		20,787.00	60.60	.012	358.	40
DRUGS	5	6		15.00	2.50	.000	3.	00
ANESTHESIA	22	22		2,100.00	95.45	.001	95.	45
PERIODONTICS	0	0		.00	.00	.000		00
ENDODONTICS	11	16		1,683.00	105.19	.001	153.	00
RESTORATIVE DENTISTRY	64	227		10,618.00	46.78	.008	165.	
PROSTHETICS	0	0		.00	.00	.000		00
DENTURES, STAYPLATES	10	14		3,758.00	268.43	.000	375.	
SPACE MAINTAINERS	0	0		.00	.00	.000		00
MAXILLOFACIAL SERVICES	9	11		550.00	50.00	.000	61.	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		00
ORTHODONTIC SERVICES	29	32		3,022.50	94.45	.001	104.	
ALL OTHER SERVICES	14	14		206.25	14.73	.000	14.	
#CALIF DEPT OF HEALTH SERV			IRES	MONTH-OF-PAYMENT REF	ORT FOR JAN	2005 THRU	DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DE	NTAL						

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						,			
USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	C
	OR DAYS OF CAR	Ε		PE	R UNIT/DAY	PER ELIG		USER	E
115			23 1/13 //7						\$
	•	ې	•	Ą			ې		Ą
292	476		12,210.27		25.65	.016		41.82	
268	737		10,903.64		14.79	.025		40.69	
3	3		29.56		9.85	.000		9.85	
99	150	\$	2,474.56	\$	16.50	.005	\$	25.00	\$
99	150		2,474.56		16.50	.005		25.00	
0	0		.00		.00	.000		.00	
53	69	\$	2,386.44	\$	34.59	.002	\$	45.03	\$
52	64		2,254.13		35.22	.002		43.35	
1	1		63.11		63.11	.000		63.11	
2	4		69.20		17.30	.000		34.60	
0	0		.00		.00	.000		.00	
9	74	\$	4,747.33	\$	64.15	.003	\$	527.48	\$
171	936	\$	18,513.00	\$	19.78	.032	\$	108.26	\$
67	148	\$	27,174.18	\$	183.61	.005	\$	405.58	\$
0	0	\$	.00	\$	.00	.000	\$	.00	\$
4	5	\$	139.20	\$	27.84	.000	\$	34.80	\$
3,921	19,906	\$	1,943,583.49	\$	97.64	.676	\$	495.69	\$
203	790		1,300,012.79		1645.59	.027		6404.00	
	3 99 99 0 53 52 1 2 0 9 171 67 0 4 3,921	OR DAYS OF CARN 415	OR DAYS OF CARE  1,216 \$ 23,143.47 \$ 19.03 292 476 12,210.27 25.65 268 737 10,903.64 14.79 3 3 29.56 9.85 99 150 \$ 2,474.56 \$ 16.50 99 150 2,474.56 16.50 0 0 0 0 0 0 53 69 \$ 2,386.44 \$ 34.59 52 64 2,254.13 35.22 1 1 1 63.11 63.11 2 4 69.20 17.30 0 0 0 0 0 0 9 74 \$ 4,747.33 \$ 64.15 171 936 \$ 18,513.00 \$ 19.78 67 148 \$ 27,174.18 \$ 183.61 0 0 \$ 00 4 5 \$ 139.20 \$ 27.84 3,921 19,906 \$ 1,943,583.49 \$ 97.64	OR DAYS OF CARE  415 1,216 476 292 476 12,210.27 25.65 016 268 737 10,903.64 14.79 025 3 3 29.56 99 150 \$2,474.56 \$16.50 .005 99 150 \$2,474.56 \$16.50 .005 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG           415         1,216         \$ 23,143.47         \$ 19.03         .041         \$ 292           476         12,210.27         25.65         .016	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           415         1,216         \$ 23,143.47         \$ 19.03         .041         \$ 55.77           292         476         12,210.27         25.65         .016         41.82           268         737         10,903.64         14.79         .025         40.69           3         3         29.56         9.85         .000         9.85           99         150         \$ 2,474.56         16.50         .005         25.00           99         150         2,474.56         16.50         .005         25.00           0         0         .00         .00         .00         .00         .00           53         69         \$ 2,386.44         \$ 34.59         .002         \$ 45.03           52         64         2,254.13         35.22         .002         43.35           1         1         63.11         .000         .63.11           2         4         69.20         17.30         .000         .00           9         74         \$ 4,747.33         \$ 64.15         .003         \$ 527.48           171         936         \$ 18,513.00			

----- MONTHLY AVERAGE -

HSC HOSPITALS	20	128	204,941.01	1601.10	.004	10247.05	
NON-HSC HOSPITAL TOTAL	184	662	1,095,071.78	1654.19	.022	5951.48	
ACCOMMODATIONS	184	662	472,835.27	714.25	.022	2569.76	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	184	662	472,835.27	714.25	.022	2569.76	
ANCILLARIES	184	0	622,236.51	.00	.000	3381.72	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	3,826	19,116	643,570.70	33.67	.649	168.21	
MEDICAL	2,101	2,881	176,216.88	61.17	.098	83.87	
SURGERY	392	506	29,118.05	57.55	.017	74.28	
PATHOLOGY	1,494	5,116	65,254.47	12.75	.174	43.68	
RADIOLOGY	1,284	1,722	105,994.72	61.55	.058	82.55	
ROOM USE	2,531	3,635	137,726.60	37.89	.123	54.42	
CROSSOVERS/ALL OTH OUTPTNT		5,256	129,259.98	24.59	.178	72.50	
@COUNTY HOSPITAL TOTAL	4	13 \$	407.91	\$ 31.38	.000	\$ 101.98	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0 0 0 0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	4	13	407.91	31.38	.000	101.98	
MEDICAL	1	1	63.97	63.97	.000	63.97	
SURGERY	0	0 3 0	.00	.00	.000	.00	
PATHOLOGY	1	3	20.89	6.96	.000	20.89	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	2	2	68.20	34.10	.000	34.10	
CROSSOVERS/ALL OTH OUTPTNT	3	7	254.85	36.41	.000	84.95	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	S MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2005 THRU D	EC 2005	PP
MOP024	FEE-FOR-SERVICE	/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC AS	SSISTANCE - FAMILIES				
					MC	NTHLY AVERA	GE -
29,465 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C

					MOM	IHLI AVEKA	GE -
29,465 ELIGIBLES	USERS UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	3,918	19,893 \$	1,943,175.58	\$ 97.68	.675 \$	495.96	\$
COMM HOSP INPATIENT TOTAL	203	790	1,300,012.79	1645.59	.027	6404.00	
HSC HOSPITALS	20	128	204,941.01	1601.10	.004	10247.05	
NON-HSC HOSPITALS TOTAL	184	662	1,095,071.78	1654.19	.022	5951.48	
ACCOMMODATIONS	184	662	472,835.27	714.25	.022	2569.76	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	184	662	472,835.27	714.25	.022	2569.76	
ANCILLARIES	184	0	622,236.51	.00	.000	3381.72	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,823	19,103	643,162.79	33.67	.648	168.24	
MEDICAL	2,100	2,880	176,152.91	61.16	.098	83.88	
SURGERY	392	506	29,118.05	57.55	.017	74.28	
PATHOLOGY	1,493	5,113	65,233.58	12.76	.174	43.69	

RADIOLOGY	1,284	1,722		105,994.72		61.55	.058		82.55	
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	2,529	3,633		137,658.40		37.89	.123		54.43	
CROSSOVERS/ALL OTH OUTPTNT	1,781	5,249		129,005.13		24.58	.178		72.43	
@STATE HOSPITAL	, 0	0	\$	.00	\$	.00	.000	Ġ	.00	\$
MENTALLY ILL	0	0	т	.00	т	.00	.000	т	.00	т
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	¢	.00	\$
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Y	.00	۲
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
		0		.00		.00	.000		.00	
TEN D GIDAGIME HODEL DAGED	0	0		.00		.00			.00	
LEV B-SUBACUTE HSPTL BASED	0 0 0 0 0 0 0 0 0 0 22 22 22 0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0									
LEV B-REGULAR	U	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ş	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	22	129	\$	3,270.70	\$	25.35	.004	\$	148.67	\$
HOSPITAL BASED	22	129		3,270.70		25.35	.004		148.67	
INDEPENDENT FACILITY	22 0 1,086	0		.00		.00	.000		.00	
@LABORATORY FACILITY	1,086	2,891	\$	45,808.10	\$	15.85	.098	\$	42.18	\$
PATHOLOGY	1,086	2,891		45,808.10		15.85	.098		42.18	
XO AND OTHERS	, 0	, 0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	6,891	9,752	\$	1,105,619.06	\$	113.37	.331	\$	160.44	\$
CLINIC	44	174		6,202.58	'	35.65	.006	'	140.97	'
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	6,854	9,578		1,099,416.48		114.79	.325		160.41	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITH	RES MO	NTH-OF-DAVMENT RE	ZPOR'			DEC		PΔ
	FEE-FOR-SERVIC		ICED III	or initiality is	JI OIC.	1 1010 07110 2	1005 11110	рцс	2005	- 1.
DEL NORTE COUNTY		VICES FOR PUBLIC	7 00 0	בייאארי ב באאדו דבים						
DEL NORIE COUNTI	SUMMAKI OF SEK	VICES FOR PUBLIC	ADDI	STANCE - FAMILIES			M		א מיקונא א זוד א	CE
29,465 ELIGIBLES	HCEDC	UNITS OF SERVIC	T.	EXPENDITURES	7\ \ 7.1	בהזיכה כסכה				C -
29,465 ELIGIBLES	USERS			EXPENDITORES		R UNIT/DAY			USER	E
ONLI OMUDD DDOUTDDDG	1,066	OR DAYS OF CAR		154 250 75						_
@ALL OTHER PROVIDERS	1,066	12,143	\$	154,350.75	\$	12.71	.412	Ş		\$
DURABLE MED. EQUIP.	1,000 12 0 0 222 215 6	31		1,541.72		49.73	.001		128.48	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00 99,143.96 72,183.93		.00	.000		.00	
MEDICAL TRANSPORTATION	222	8,622		99,143.96		11.50	.293		446.59	
AMBULANCES/AIR TRANS	215	6,081				11.87	.206		335.74	
OTHER TRANS	6	2,480		3,597.54		1.45	.084		599.59	
OTHER SERVICES	60	61		23,362.49		382.99	.002		389.37	
ACUPUNCTURE	0	0		.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0 0 41 0	61 0 0 41		.00		.00	.000		.00	
GENETIC DISEASE TESTING	41	41		4,305.00		105.00	.001		105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	
ODET CT AN	272			4 040 00		0 20	000		17 72	

577

702

0

18

18

273

84

0

5

5

OPTICIAN

PHYSICAL THERAPIST

PROSTHETIST/ORTHOTISTS

PORTABLE X-RAY

PROSTHETICS

4,840.92

10,114.16

3,734.80

3,734.80

.00

8.39

.00

14.41

207.49

207.49

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17.73

.00

120.41

746.96

746.96

PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         47         162         6,182.15         38.16         .005         131.54           HOSPICE SERVICES         0         0         .00         .00         .00         .00         .00           NONINST BIRTHING CENTERS         0         0         .00         .00         .00         .00         .00         .00           LOCAL EDUCATION AGENCIES         371         1,940         21,207.48         10.93         .066         57.16         .00 <th>ORTHOTICS</th> <th>0</th> <th>0</th> <th>.00</th> <th>.00</th> <th>.000</th> <th>.00</th> <th></th>	ORTHOTICS	0	0	.00	.00	.000	.00	
HOSPICE SERVICES         0         0         .00 <t< td=""><td>PSYCHOLOGIST</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td></td></t<>	PSYCHOLOGIST	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS         0         0         .00         .00         .00         .00         .00           LOCAL EDUCATION AGENCIES         371         1,940         21,207.48         10.93         .066         57.16           EPSDT SUPPLEMENTAL SERVICE         0         0         .00         .00         .00         .00         .00           RESPIRATORY CARE PRACT.         0         0         .00         .00         .00         .00         .00           PED SUBACUTE REHAB/WEANING         0         0         .00         .00         .00         .00         .00           ALL OTHER PROVIDERS         25         50         3,280.56         65.61         .002         131.22           @CALIF. CHILDREN SERVICES*         67         640         \$ 204,626.03         \$ 319.73         .022         \$ 3054.12         \$	SPEECH AND AUDIOLOGY	47	162	6,182.15	38.16	.005	131.54	
LOCAL EDUCATION AGENCIES       371       1,940       21,207.48       10.93       .066       57.16         EPSDT SUPPLEMENTAL SERVICE       0       0       .00       .00       .00       .00       .00         RESPIRATORY CARE PRACT.       0       0       .00	HOSPICE SERVICES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE       0       0       .00       .	NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.       0       0       .00       .00       .00       .00       .00         PED SUBACUTE REHAB/WEANING       0       0       .00       .00       .00       .00       .00       .00         ALL OTHER PROVIDERS       25       50       3,280.56       65.61       .002       131.22         @CALIF. CHILDREN SERVICES*       67       640       \$ 204,626.03       \$ 319.73       .022       \$ 3054.12       \$	LOCAL EDUCATION AGENCIES	371	1,940	21,207.48	10.93	.066	57.16	
PED SUBACUTE REHAB/WEANING       0       0       .00       .00       .00       .00         ALL OTHER PROVIDERS       25       50       3,280.56       65.61       .002       131.22         @CALIF. CHILDREN SERVICES*       67       640       \$       204,626.03       \$       319.73       .022       \$       3054.12       \$	EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS 25 50 3,280.56 65.61 .002 131.22 @CALIF. CHILDREN SERVICES* 67 640 \$ 204,626.03 \$ 319.73 .022 \$ 3054.12 \$	RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES* 67 640 \$ 204,626.03 \$ 319.73 .022 \$ 3054.12 \$	PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
	ALL OTHER PROVIDERS	25	50	3,280.56	65.61	.002	131.22	
@XOVER EXCLUDING STATE HOSP** 0 \$ .00 \$ .00 \$ .00 \$ .00 \$	@CALIF. CHILDREN SERVICES*	67	640	\$ 204,626.03	\$ 319.73	.022	\$ 3054.12	\$
	@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

							THLY AVERA	GE -
56,168 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE	 		PER UNIT/DAY		USER	E
@TOTAL, ALL PROVIDERS	42,648	630,964	\$	19,697,965.05	\$ 31.22	11.234 \$	461.87	\$
@PHYSICIANS SERVICES	7,583	18,574	\$	652,029.31	\$ 35.10	.331 \$	85.99	\$
OUTPATIENT VISITS	1 607	2,190		83,819.65	38.27	.039	49.39	
OFFICE VISITS	1,454	1,813		65,161.44	35.94	.032	44.82	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	18/	221		12,706.26	57.49	.004	67.95	
PREVENTIVE CARE	1	1		54.83	54.83	.000	54.83	
OB VISITS/COMPRE PERI	26	92		3,850.91	41.86	.002	148.11	
OTHER OUTPATIENT	58	63		2,046.21	32.48	.001	35.28	
INPATIENT VISITS	184	657		50,245.74	76.48	.012	273.07	
HOSPITAL VISITS	155	458		20,532.60		.008	132.47	
CRITICAL CARE	28	186		29,186.04	156.91	.003	1042.36	
SNF/ICF/TRANS IP CARE	13	13		527.10	40.55	.000	40.55	
OPHTHALMOLOGICAL SERVICES	152	209		7,936.30	37.97	.004	52.21	
EXAMINATIONS	152	209		7,936.30	37.97	.004	52.21	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	167	912		92,225.24	101.12	.016	552.25	
PRINCIPAL SURGEON	118	178		75,980.41	426.86	.003	643.90	
ASSISTANT SURGEON	18	18		3,431.75	190.65		190.65	
ANESTHESIOLOGIST	51	716		12,813.08	17.90	.013	251.24	
OUTPATIENT SURGERY	507	1,173		111,641.24			220.20	
PRINCIPAL SURGEON	463	584		101,980.13	174.62	.010	220.26	
ASSISTANT SURGEON	2	2		136.64	68.32	.000	68.32	
ANESTHESIOLOGIST	53	587		9,524.47	16.23	.010	179.71	
DIALYSIS	13	34		3,379.34	99.39	.001	259.95	
PATHOLOGY	362	623		12,523.32	20.10		34.59	
RADIOLOGY	3,659	5,873		146,141.65	24.88	.105	39.94	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	50	160		3,470.53	21.69	.003	69.41	
OTHER SERVICES/ALL X-OVERS	2,218	6,743		140,646.30	20.86	.120		
@PHARMACY	25,957	332,260	\$	8,979,011.37		5.915 \$		\$
PRESCRIPTION DRUGS	25,162	93,173		8,763,105.56	94.05	1.659		
SNF/ICF	167	1,556		130,717.82	84.01	.028	782.74	
OUTPATIENTS	25,003	91,617		8,632,387.74	94.22	1.631	345.25	

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	2,041	239,087	215,905.81	.90	4.257	105.78	
@DENTIST	533	2,800 \$	116,229.25	\$ 41.51	.050 \$	218.07	\$
VISITS - DIAGNOSTIC	393	1,488	22,769.00	15.30	.026	57.94	
ORAL SURGERY	106	708	40,010.00	56.51	.013	377.45	
DRUGS	7	10	30.00	3.00	.000	4.29	
ANESTHESIA	42	42	3,900.00	92.86	.001	92.86	
PERIODONTICS	10	11	553.00	50.27	.000	55.30	
ENDODONTICS	19	24	2,845.00	118.54	.000	149.74	
RESTORATIVE DENTISTRY	109	339	16,602.50	48.97	.006	152.32	
PROSTHETICS	4	4	105.00	26.25	.000	26.25	
DENTURES, STAYPLATES	67	103	25,551.00	248.07	.002	381.36	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	11	14	600.00	42.86	.000	54.55	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	30	33	3,057.50	92.65	.001	101.92	
ALL OTHER SERVICES	24	24	206.25	8.59	.000	8.59	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2005 THRU DE	Z 2005	PA
MOP024	FEE-FOR-SERVICE/DENT.	AL					

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

DEE NORTH COUNTY	DOINTING OF DERVICED FOR	LODELC	1100101111	1011111						
						]	CNON	THLY AVERA	.GE -	
56,168 ELIGIBLES	USERS UNITS (	F SERVICE	Ξ	EXPENDITURES	AVERAGE	COST UNITS/DA	YS	COST PER	C	
	OR DAY	S OF CARE	Ξ		PER UNIT	/DAY PER ELIC	3	USER	E	
@OPTOMETRIST	1,073	3,061	\$	58,580.07	\$ 19.	14 .054	\$	54.59	\$	
DIAGNOSTIC AND ANC. PROCED	652	1,040		26,273.85	25.	26 .019		40.30		
EYE APPLIANCES	728	1,986		31,764.64	15.	99 .035		43.63		
OTHER OPTOMETRIC SERVICES	23	35		541.58	15.	47 .001		23.55		
@CHIROPRACTOR	313	502	\$	8,306.55	\$ 16.	55 .009	\$	26.54	\$	
VISITS	293	471		7,804.06	16.	57 .008		26.64		
OTHER SERVICES	20	31		502.49	16.	21 .001		25.12		
@PODIATRIST	309	454	\$	10,344.16	\$ 22.	78 .008	\$	33.48	\$	
MEDICINE/INJECTIONS	172	206		6,699.39	32.	52 .004		38.95		
SURGERY/ANES.	8	13		483.90	37.	.000		60.49		
RADIO./PATHOLOGY	20	29		508.63	17.	54 .001		25.43		
OTHER	128	206		2,652.24	12.	87 .004		20.72		
@HOME HEALTH AGENCY	53	668	\$	39,721.45	\$ 59.	46 .012	\$	749.46	\$	
NURSE ANESTHESIST	307	1,648	\$	32,585.87	\$ 19.	77 .029	\$	106.14	\$	

NURSE MIDWIFE	76	170	\$	31,841.27	\$	187.30	.003	\$	418.96	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	4	5	\$	139.20	\$	27.84	.000	\$	34.80	\$
@TOTAL HOSPITAL	8,891	45,436	\$	5,902,561.24	Ė		.809	Ė	663.88	\$
HOSP INPATIENT TOTAL	722	1,980	·			2231.02	.035		6118.31	•
HSC HOSPITALS	42	249		390,051.01		1566.47	.004		9286.93	
NON-HSC HOSPITAL TOTAL	413	1,731		3.848.006.15		2223.00	.031		9317.21	
ACCOMMODATIONS	413	1,731		1,391,058.88		803.62	.031		3368.18	
ADMINISTRATIVE DAYS	0	, 0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		. 00		. 00	.000		.00	
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	413	1,731		1,391,058.88		803.62	.031		3368.18	
ANCILLARIES	412	, 0		2,456,947.27		.00	.000		5963.46	
INPATIENT CROSSOVERS	272	0		179,362.05		.00	.000		659.42	
ALL OTHER INPATIENT	0	0		.00		.00			.00	
HOSP OUTPATIENT TOTAL	8,558	43,456		1,485,142.03					173.54	
MEDICAL	3,843	6,404		402,598.70		62.87			104.76	
SURGERY	751	957		58,169.87		60.78			77.46	
PATHOLOGY	3,091	12,473		152,706.17		12.24			49.40	
RADIOLOGY	2,843	4,041		294,123.81		72.78			103.46	
ROOM USE	4,232	6,506		253,482.88		38.96			59.90	
CROSSOVERS/ALL OTH OUTPTNT		13,075		324,060.60		24.78			71.90	
@COUNTY HOSPITAL TOTAL	15	41	Ġ	9,079.68		221.46		\$		Ġ
CO HOSPITAL INPATIENT TOTAL	2	7		8,120.00	'	1160.00	.000	'	4060.00	'
HSC HOSPITALS	2	7		8,120.00		1160.00	.000		4060.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0 0 0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	13	34		959.68		28.23	.001		73.82	
MEDICAL	4	4		132.15		33.04	.000		33.04	
SURGERY	1	1		70.60		70.60	.000		70.60	
PATHOLOGY	1 2	10		81.13		8.11			40.57	
RADIOLOGY	1	4		71.50		17.88	.000		71.50	
ROOM USE	5 6	5		170.21		34.04	.000		34.04	
CROSSOVERS/ALL OTH OUTPTNT		10		434.09		43.41	.000		72.35	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES I	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2005 THRU	DEC	2005	PA
	FEE-FOR-SERVICE/DEN									
DEL NORTE COUNTY	SUMMARY OF SERVICES		ASS:	ISTANCE - TOTAL						
							N	TNO	HLY AVERA	GE -
			_							_

56,168 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @COMMUNITY HOSPITAL TOTAL \$ 45,395 129.83 .808 \$ 663.53 8,882 5,893,481.56 721 1,973 2234.82 6115.53 COMM HOSP INPATIENT TOTAL 4,409,299.21 .035 1578.23 HSC HOSPITALS 40 242 381,931.01 .004 9548.28 NON-HSC HOSPITALS TOTAL 413 1,731 3,848,006.15 2223.00 .031 9317.21 ACCOMMODATIONS 413 1,731 1,391,058.88 803.62 .031 3368.18 ADMINISTRATIVE DAYS 0 0 .00 .000 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 1,391,058.88 ALL OTHER ACCOM 413 1,731 803.62 .031 3368.18 ANCILLARIES 412 0 2,456,947.27 .00 .000 5963.46 INPATIENT CROSSOVERS 272 179,362.05 .00 .000 659.42

COMM HOSP OUTPATIENT TOTAL 8,549 43,422 1,484,182.35 34.18 .773 173.61	
MEDICAL 3,839 6,400 402,466.55 62.89 .114 104.84	
SURGERY 750 956 58,099.27 60.77 .017 77.47	
PATHOLOGY 3,090 12,463 152,625.04 12.25 .22 49.39	
RADIOLOGY 2,842 4,037 294,052.31 72.84 .072 103.47	
ROOM USE 4,228 6,501 253,312.67 38.97 .116 59.91	
CROSSOVERS/ALL OTH OUTPTNT 4,502 13,065 323,626.51 24.77 .233 71.89	
	\$
MENTALLY ILL 0 0 .00 .00 .00 .00	7
DEVELOP. DISABLED 12 365 256,167.95 701.83 .006 21347.33	
	\$
LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00	7
LEV B-REHAB MD 0 0 .00 .00 .00 .00	
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00	
LEV B-SUBACUTE HSPTL BASED 1 8 4,640.56 580.07 .000 4640.56 LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00	
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00	
LEV B-REGULAR 177 3,184 484,334.46 152.12 .057 2736.35	
	\$
ICF DDH 0 0 .00 .00 .00 .00	·
ICF DD 0 0 .00 .00 .00 .00	
ICF DDN/DDCN 0 0 .00 .00 .00 .00	
@HEMODIALYSIS TOTAL 43 230 \$ 34,520.29 \$ 150.09 .004 \$ 802.80	\$
HOSPITAL BASED 0 0 .00 .00 .00 .00	
HEMODIALYSIS CENTER 43 230 34,520.29 150.09 .004 802.80	
	\$
HOSPITAL BASED 27 158 4,279.40 27.08 .003 158.50	·
INDEPENDENT FACILITY 0 0 0 .00 .00 .00 .00 .00	
@LABORATORY FACILITY 2,709 8,595 \$ 123,067.87 \$ 14.32 .153 \$ 45.43	\$
PATHOLOGY 2,704 8,577 122,993.70 14.34 .153 45.49	
XO AND OTHERS 5 18 74.17 4.12 .000 14.83	
@ORGANIZED OUTPATIENT CLINIC 14,793 22,082 \$ 2,163,803.54 \$ 97.99 .393 \$ 146.27	\$
CLINIC 56 191 7,619.95 39.90 .003 136.07	
SURGICENTER 3 21 965.47 45.97 .000 321.82	
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00	
RURAL HEALTH CLINIC 14,746 21,870 2,155,218.12 98.55 .389 146.16	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024 FEE-FOR-SERVICE/DENTAL	

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 56,168 ELIGIBLES C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @ALL OTHER PROVIDERS 4,483 190,764 795,801.24 4.17 3.396 \$ 177.52 \$ DURABLE MED. EQUIP. 199 536 102,590.38 191.40 .010 515.53 0 0 .00 .00 .000 .00 BLOOD BANK 2 818.23 204.56 .000 HEARING AID DISPENSERS 4 409.12 725 1.896 MEDICAL TRANSPORTATION 106,511 361,094.35 3.39 498.06 .298 AMBULANCES/AIR TRANS 615 16,764 184,105.65 10.98 299.36 OTHER TRANS 105 89,097 131,553.36 1.48 1.586 1252.89 OTHER SERVICES 166 650 45,435.34 69.90 .012 273.71 ACUPUNCTURE 8 21 368.83 17.56 .000 46.10 13 239 69.62 .004 ADULT DAY HEALTH CARE CTR 16,640.06 1280.00 GENETIC DISEASE TESTING 54 54 5,670.00 105.00 .001 105.00 33 121 132.86 487.17 IHMC, MODEL-NF, NF, AIDS, MSSP 16,076.52 .002

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----- MONTHLY AVERAGE -

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SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

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DEL NORTE COUNTY

OCCUPATIONAL THERAPIST

OPTICIAN	1,017	2,529	24,169.62	9.56	.045	23.77	
PHYSICAL THERAPIST	305	2,862	43,153.12	15.08	.051	141.49	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	28	148	31,811.61	214.94	.003	1136.13	
PROSTHETICS	28	148	31,811.61	214.94	.003	1136.13	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	5	10	124.85	12.49	.000	24.97	
SPEECH AND AUDIOLOGY	86	306	11,569.53	37.81	.005	134.53	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	739	7,142	61,098.03	8.55	.127	82.68	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	1,446	70,281	120,616.11	1.72	1.251	83.41	
@CALIF. CHILDREN SERVICES*	177	2,646	\$ 421,806.66	\$ 159.41	.047	\$ 2383.09	\$
@XOVER EXCLUDING STATE HOSP**	4,263	59,010	\$ 528,098.17	\$ 8.95	1.051	\$ 123.88	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

---- MONTHLY AVERAGE -

					MON	THLY AVERA	GE -
2,383 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	2,297	36,766	\$ 807,181.07	\$ 21.95	15.428 \$	351.41	\$
@PHYSICIANS SERVICES	309	728	\$ 14,367.27	\$ 19.74	.305 \$	46.50	\$
OUTPATIENT VISITS	12	12	859.80	71.65	.005	71.65	
OFFICE VISITS	9	9	654.75	72.75	.004	72.75	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	3	3	205.05	68.35	.001	68.35	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	6.01	6.01	.000	6.01	
EXAMINATIONS	1	1	6.01	6.01	.000	6.01	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	1	374.91	374.91	.000	374.91	
PRINCIPAL SURGEON	1	1	374.91	374.91	.000	374.91	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	2	4	25.37	6.34	.002	12.69	
RADIOLOGY	14	31	1,740.84	56.16	.013	124.35	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	

OTHER SERVICES/ALL X-OVERS	283	679	11,360.34	16.73	.285		40.14	
@PHARMACY	1,598	30,780 \$	565,869.42	\$ 18.38	12.916	\$	354.11	\$
PRESCRIPTION DRUGS	1,537	6,467	553,418.56	85.58	2.714		360.06	
SNF/ICF	41	320	18,054.18	56.42	.134		440.35	
OUTPATIENTS	1,497	6,147	535,364.38	87.09	2.580		357.62	
MEDICAL SUPPLIES	149	24,313	12,450.86	.51	10.203		83.56	
@DENTIST	23	97 \$	6,636.00	\$ 68.41	.041	\$	288.52	\$
VISITS - DIAGNOSTIC	14	47	445.00	9.47	.020		31.79	
ORAL SURGERY	2	28	1,371.00	48.96	.012		685.50	
DRUGS	0	0	.00	.00	.000		.00	
ANESTHESIA	2	2	200.00	100.00	.001		100.00	
PERIODONTICS	1	1	55.00	55.00	.000		55.00	
ENDODONTICS	0	0	.00	.00	.000		.00	
RESTORATIVE DENTISTRY	1	1	85.00	85.00	.000		85.00	
PROSTHETICS	0	0	.00	.00	.000		.00	
DENTURES, STAYPLATES	10	17	4,480.00	263.53	.007		448.00	
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	
ALL OTHER SERVICES	1	1	.00	.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JA	N 2005 THRU	DEC	2005	PP

FEE-FOR-SERVICE/DENTAL MOP024

SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X DEL NORTE COUNTY

DEL NORTE COUNTY	SUMMARI OF SER	ATCES FOR MIN - NO	200	- AGED AID	CODE	. 14 TU TO	TV				
							M	$\Gamma$ NO	THLY AVERA	GE -	
2,383 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER	C	
		OR DAYS OF CARE			PER	NIT/DAY	PER ELIG		USER	E	
@OPTOMETRIST	34	104	\$	1,820.35	\$	17.50	.044	\$	53.54	\$	
DIAGNOSTIC AND ANC. PROCED	9	15		340.16		22.68	.006		37.80		
EYE APPLIANCES	30	85		1,385.85		16.30	.036		46.20		
OTHER OPTOMETRIC SERVICES	3	4		94.34		23.59	.002		31.45		
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.000	\$	16.72	\$	
VISITS	0	0		.00		.00	.000		.00		
OTHER SERVICES	1	1		16.72		16.72	.000		16.72		
@PODIATRIST	34	45	\$	533.61	\$	11.86	.019	\$	15.69	\$	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		
SURGERY/ANES.	0	0		.00		.00	.000		.00		
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		
OTHER	34	45		533.61		11.86	.019		15.69		
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
@TOTAL HOSPITAL	222	642	\$	55,429.58	\$	86.34	.269	\$	249.68	\$	
HOSP INPATIENT TOTAL	59	0		39,168.27		.00	.000		663.87		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	59	0		39,168.27		.00	.000		663.87		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		

HOSP OUTPATIENT TOTAL	188	642	16,261.31	25.33	.269	86.50	
MEDICAL	16	20	1,106.79	55.34	.008	69.17	
SURGERY	2	3	93.40	31.13	.001	46.70	
PATHOLOGY	14	55	616.74	11.21	.023	44.05	
RADIOLOGY	16	74	6,619.25	89.45	.031	413.70	
ROOM USE	10	13	664.49	51.11	.005	66.45	
CROSSOVERS/ALL OTH OUTPTNT	167	477	7,160.64	15.01	.200	42.88	
@COUNTY HOSPITAL TOTAL	1	3 \$	16.10	\$ 5.37	.001 \$	16.10	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	1	3	16.10	5.37	.001	16.10	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	1	3	16.10	5.37	.001	16.10	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON	NTH-OF-PAYMENT REI		2005 THRU DEC	2005	PA:
MOP024	FEE-FOR-SERVICE,	DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SOC -	- AGED AID (	CODE 14 1H 1U	1X		
					MON'	THLY AVERA	AGE -
2,383 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	221	639 \$	55,413.48	\$ 86.72	.268 \$	250.74	\$
COMM HOSP INPATIENT TOTAL	59	0	39,168.27	.00	.000	663.87	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
	_	_					

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ACCOMMODATIONS

ADMINISTRATIVE DAYS  TRANSPITONAL IP CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
ALL OTHER ACCOM  ANCILLARIES  0 0 0 3,168.27 00 00 00,00 000 000 000 000 000 000 00	ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM  ANCILLARIES  0 0 0 3,168.27 00 00 00,00 000 000 000 000 000 000 00	TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ANCILLARIES			0		.00		.00	.000		.00	
INPATIENT CROSSOVERS		0	0							. 0 0	
ALL OTHER INPATIENT											
MEDICAL   187			-		•						
MEDICAL   16   20   1,106.79   55.34   .008   69.17   SURGERY   2   3   93.40   31.13   .001   46.70   PATHOLOGY   14   55   616.74   11.21   .023   44.05   RADIOLOGY   16   74   6.619.25   89.45   .031   413.70   ROM USE   10   13   664.49   51.11   .005   66.45   RADIOLOGY   16   474   7.44.54   51.07   199   43.04   RADIOLOGY   16   474   7.44.54   51.07   199   43.04   RADIOLOGY   16   474   7.44.54   51.07   199   43.04   RADIOLOGY   16   474   7.44.54   15.07   199   43.04   RADIOLOGY   16   474   16   474   17.44.54   15.07   199   43.04   RADIOLOGY   16   474   17.44.54   17.44   17.44   17.44   17.44   17.44   17.44   17.44   17.44   17.44   17.44   17.44   17.44   17.44   17.44   17.44   17.44   1											
SURGERY											
PATHOLOGY											
RADIOLOGY 16 74 6,619.25 89.45 .031 413.70 ROOM USE 10 13 664.49 51.11 .05 66.45 CROSSOVERS/ALL OTH OUTPINT 166 474 7,144.54 15.07 .199 43.04 STATE HOSPITAL 0 0 0 \$ .000											
ROOM USE											
CROSSOVERS/ALL OTH OUTPINT 166											
MENTALLY ILL											
MENTALLY ILL	CROSSOVERS/ALL OTH OUTPTNT				7,144.54					43.04	
DEVELOP. DISABLED	@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CALLEY	MENTALLY ILL	0	0		.00		.00	.000		.00	
## STATEMENT   41	DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
LEV B-REHAB MD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@NURSING FACILITY	41	693	Ġ		Ś			Ġ	2612.85	Ġ
LEV B-SUBACUTE FREESTANDING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				4		т.			т		7
LEV B-SUBACUTE FREESTANDING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			-								
LEV B-REGULAR 41 693 107,126.84 154.58 .291 2612.85  @INTERMEDIATE CARE FACILDD 0 0 \$ .0		0	-								
LEV B-REGULAR 41 693 107,126.84 154.58 .291 2612.85  @INTERMEDIATE CARE FACILDD 0 0 \$ .0		0									
## STATEMENT   41   693   107,126.84   154.58   .291   2612.85   ## SINTERMEDIATE CARE FACILDD											
SINTERMEDIATE CARE FACILDD											
ICF DDH				4.		4.			4.		4.
CF DD				Ş		Ş			Ş		Ş
ICF DDN/DDCN			-							.00	
### HEMODIALYSIS TOTAL   0   0   0   0   0   0   0   0   0	ICF DD	0	-		.00		.00	.000		.00	
HOSPITAL BASED	ICF DDN/DDCN	0	0		.00		.00	.000		.00	
HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 HEMODIALYSIS CENTER 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
### HEMODIALYSIS CENTER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HOSPITAL BASED	0	0		.00		.00			.00	
@REHABILITATION FACILITY         0         \$         .00         \$         .00		0	0								
HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		Ś		Ś			Ś		Ś
INDEPENDENT FACILITY		0		Ψ		۲			۲		4
PATHOLOGY 5 8 143.60 17.95 .003 28.72 XO AND OTHERS 1 1 1 8.50 8.50 .000 8.50		0									
PATHOLOGY 5 8 143.60 17.95 .003 28.72 XO AND OTHERS 1 1 1 8.50 8.50 .000 8.50		0	0	<b>~</b>		d			۸.		Ċ.
XO AND OTHERS		6	9	Þ		Þ			Þ		Þ
@ORGANIZED OUTPATIENT CLINIC 339 588 \$ 33,827.27 \$ 57.53 .247 \$ 99.79 \$ CLINIC 3 9 377.14 41.90 .004 125.71 SURGICENTER 1 1 205.06 205.06 .000 205.06 HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 335 578 33,245.07 57.52 .243 99.24 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X MONTHLY AVERAGE - 2,383 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COR DAYS OF CARE PER UNIT/DAY PER ELIG USER E		5									
CLINIC 3 9 377.14 41.90 .004 125.71 SURGICENTER 1 1 205.06 205.06 .000 205.06 HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 RURAL HEALTH CLINIC 335 578 33,245.07 57.52 .243 99.24 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PAMOP024 FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X  MONTHLY AVERAGE - 2,383 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER CORD AYS OF CARE PER UNIT/DAY PER ELIG USER E	XO AND OTHERS			4.		4.			4.		4.
SURGICENTER 1 1 205.06 205.06 .000 205.06  HEROIN DETOX CLINIC 0 0 0 .00 .00 .00  RURAL HEALTH CLINIC 335 578 33,245.07 57.52 .243 99.24  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PAMOPO24 FEE-FOR-SERVICE/DENTAL  DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X  MONTHLY AVERAGE -  2,383 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER CORDAYS OF CARE PER UNIT/DAY PER ELIG USER E				Ş		Ş			Ş		Ş
HEROIN DETOX CLINIC   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV MOP024  DEL NORTE COUNTY  2,383 ELIGIBLES  WEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  PAMOP024  FEE-FOR-SERVICE/DENTAL  SUMMARY OF SERVICES FOR MN - NO SOC - AGED  AID CODE 14 1H 1U 1X  MONTHLY AVERAGE -  OR DAYS OF CARE  PER UNIT/DAY PER ELIG USER  EXPENDITURES  PER UNIT/DAY PER ELIG USER	SURGICENTER									205.06	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL  DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X  MONTHLY AVERAGE -  2,383 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST DAYS OF CARE PER UNIT/DAY PER ELIG USER E	HEROIN DETOX CLINIC	0					.00	.000		.00	
MOP024 FEE-FOR-SERVICE/DENTAL  DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X  MONTHLY AVERAGE -  2,383 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C  OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E	RURAL HEALTH CLINIC	335	578		33,245.07		57.52	.243		99.24	
MOP024 FEE-FOR-SERVICE/DENTAL  DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X  MONTHLY AVERAGE -  2,383 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C  OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI		RES 1		PORT	FOR JAN 2	2005 THRU	DEC	2005	PA
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X MONTHLY AVERAGE - 2,383 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E											
MONTHLY AVERAGE - 2,383 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E				SO	C - AGED AID	CODE	14 1H 1U	1X			
2,383 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER CORD OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E					-				ОИТ	HLY AVERA	AGE -
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E	2.383 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITIBES	AVE	RAGE COST				
·	2,303 111011110	COLIND									
	@ALL OTHER PROVIDERS	313		Ś	21.401.91		,				_

@ALL OTHER PROVIDERS 313 3,079 21,401.91 6.95 1.292 \$ 68.38 \$ DURABLE MED. EQUIP. 6 8 418.63 52.33 .003 69.77 .00 BLOOD BANK 0 .00 .00 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 MEDICAL TRANSPORTATION 1,180 1,755.50 1.49 .495 250.79 AMBULANCES/AIR TRANS 0 0 .00 .00 .000 .00 OTHER TRANS 1,179 1,752.97 1.49 .495 6 292.16 OTHER SERVICES 1 2.53 2.53 .000 2.53

ACUPUNCTURE	0	0		.00	.00	.000	)	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	)	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	)	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	)	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	)	.00	
OPTICIAN	73	196		1,889.01	9.64	.082	2	25.88	
PHYSICAL THERAPIST	0	0		.00	.00	.000	)	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	)	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	)	.00	
PROSTHETICS	0	0		.00	.00	.000	)	.00	
ORTHOTICS	0	0		.00	.00	.000	)	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	)	.00	
SPEECH AND AUDIOLOGY	3	3		1,570.10	523.37	.002	-	523.37	
HOSPICE SERVICES	1	8		1,153.36	144.17	.003	3	1153.36	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	)	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	)	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	)	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	)	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	)	.00	
ALL OTHER PROVIDERS	231	1,684		14,615.31	8.68	.70	7	63.27	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	) \$	.00	\$
@XOVER EXCLUDING STATE HOSP**	650	6,474	\$	95,929.23	\$ 14.82	2.71	7 \$	147.58	\$
@* TOTALS IN THESE LINES ARE CIVEN	I AC A CEDARATE	TNEOPMATTON :	TTEM ON	IT.V •					

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
#CALLE DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MO

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

DED NORTE COUNTY	DOMINAKI OF DEK	VICES FOR	1.114 - 14	0 500	– טוודונו	AID CODE	4				
							M	ONT	HLY AVERA	GE -	
01 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		UNITS/DAY		COST PER	C	
		OR DAYS		.E			PER ELIG		USER	. <u>Ł</u>	
@TOTAL, ALL PROVIDERS	0		0	Ş	223.20	\$ .00	.000		.00	\$	
@PHYSICIANS SERVICES	0		0	\$	.00	\$ .00	.000	\$	.00	\$	
OUTPATIENT VISITS	0		0		.00	.00	.000		.00		
OFFICE VISITS	0		0		.00	.00	.000		.00		
HOME VISITS	0		0		.00	.00	.000		.00		
EMERGENCY ROOM	0		0		.00	.00	.000		.00		
PREVENTIVE CARE	0		0		.00	.00	.000		.00		
OB VISITS/COMPRE PERI	0		0		.00	.00	.000		.00		
OTHER OUTPATIENT	0		0		.00	.00	.000		.00		
INPATIENT VISITS	0		0		.00	.00	.000		.00		
HOSPITAL VISITS	0		0		.00	.00	.000		.00		
CRITICAL CARE	0		0		.00	.00	.000		.00		
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000		.00		
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000		.00		
EXAMINATIONS	0		0		.00	.00	.000		.00		
SERVICES AND MATERIALS	0		0		.00	.00	.000		.00		
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000		.00		
PRINCIPAL SURGEON	0		0		.00	.00	.000		.00		
ASSISTANT SURGEON	0		0		.00	.00	.000		.00		
ANESTHESIOLOGIST	0		0		.00	.00	.000		.00		
OUTPATIENT SURGERY	0		0		.00	.00	.000		.00		
PRINCIPAL SURGEON	0		0		.00	.00	.000		.00		
ASSISTANT SURGEON	0		0		.00	.00	.000		.00		
ANESTHESIOLOGIST	0		0		.00	.00	.000		.00		

DIALYSIS	0	0	.00		.00	.000		.00	
PATHOLOGY	0	0	.00		.00	.000		.00	
RADIOLOGY	0	0	.00		.00	.000		.00	
PSYCHIATRY	0	0	.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000		.00	
@PHARMACY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
PRESCRIPTION DRUGS	0	0	.00		.00	.000		.00	
SNF/ICF	0	0	.00		.00	.000		.00	
OUTPATIENTS	0	0	.00		.00	.000		.00	
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00	
@DENTIST	0	0 \$	.00	\$	.00	.000	\$	.00	\$
VISITS - DIAGNOSTIC	0	0	.00		.00	.000		.00	
ORAL SURGERY	0	0	.00		.00	.000		.00	
DRUGS	0	0	.00		.00	.000		.00	
ANESTHESIA	0	0	.00		.00	.000		.00	
PERIODONTICS	0	0	.00		.00	.000		.00	
ENDODONTICS	0	0	.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00	
PROSTHETICS	0	0	.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00	
SPACE MAINTAINERS	0	0	.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00	
ALL OTHER SERVICES	0	0	.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2005 THRU I	DEC	2005	PΑ
MOP024	FEE-FOR-SERVIC	Ε/ΠΕΝΤΔΙ.							
DEL NORTE COUNTY		VICES FOR MN - NO S	OC - BLIND		AID CODE	24			
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MN - NO S				MC			
		VICES FOR MN - NO S UNITS OF SERVICE	OC - BLIND  EXPENDITURES		RAGE COST	MC UNITS/DAYS	S (	COST PER	C
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MN - NO S			RAGE COST UNIT/DAY	MO UNITS/DAYS PER ELIG	S (		C E
DEL NORTE COUNTY  01 ELIGIBLES  @OPTOMETRIST	SUMMARY OF SER USERS 0	VICES FOR MN - NO S UNITS OF SERVICE	EXPENDITURES .00		RAGE COST UNIT/DAY	MC UNITS/DAYS PER ELIG .000	S (	COST PER USER .00	C
DEL NORTE COUNTY 01 ELIGIBLES	SUMMARY OF SER USERS	VICES FOR MN - NO S  UNITS OF SERVICE  OR DAYS OF CARE	EXPENDITURES	PER	RAGE COST UNIT/DAY .00 .00	UNITS/DAYS PER ELIG .000 .000	S (	COST PER USER	C E
DEL NORTE COUNTY  01 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	SUMMARY OF SER USERS 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00	PER	RAGE COST UNIT/DAY .00 .00	UNITS/DAYS PER ELIG .000 .000	S (	COST PER USER .00 .00	C E
DEL NORTE COUNTY  01 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	SUMMARY OF SER USERS 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00	PER	RAGE COST UNIT/DAY .00 .00 .00	UNITS/DAYS PER ELIG .000 .000	S (	COST PER USER .00	C E
DEL NORTE COUNTY  01 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	SUMMARY OF SER USERS 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00	PER	RAGE COST UNIT/DAY .00 .00	UNITS/DAYS PER ELIG .000 .000	S (	COST PER USER .00 .00	C E
DEL NORTE COUNTY  01 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	SUMMARY OF SER USERS 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00	PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000	S (	USER .00 .00 .00	C E \$
DEL NORTE COUNTY  01 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	SUMMARY OF SER USERS 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES	PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	\$ \$	OST PER USER .00 .00 .00 .00	C E \$
DEL NORTE COUNTY  01 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	SUMMARY OF SER USERS 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES	PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000	\$ \$	USER .00 .00 .00 .00 .00 .00 .00	C E \$
DEL NORTE COUNTY  01 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	SUMMARY OF SER USERS 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	EXPENDITURES	PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	\$ \$	USER	C E \$
DEL NORTE COUNTY  01 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	SUMMARY OF SER USERS 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES	PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ \$	USER	C E \$
DEL NORTE COUNTY  01 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	SUMMARY OF SER USERS 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES	PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ \$	USER	C E \$
DEL NORTE COUNTY  01 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	SUMMARY OF SER USERS 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 \$ 0 \$ 0 0 \$ 0 0 0 0 0 0	EXPENDITURES	PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ \$	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E \$
O1 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY	SUMMARY OF SER USERS 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	EXPENDITURES	PER \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ \$	USER	C E \$
DEL NORTE COUNTY  01 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	SUMMARY OF SER USERS 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 \$ 0 \$ 0 0 \$ 0 0 0 0 0 0	EXPENDITURES	PER \$ \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S \$ \$	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E \$ \$
O1 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY	SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	EXPENDITURES	PER \$ \$	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		USER	C H S S S S
DEL NORTE COUNTY  01 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE  0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER PS S S SSSS	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C H S S S S
DEL NORTE COUNTY  01 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE  0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER PS S S S S S S S S S S S S S S S S S S	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	0	COST PER USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	C H S S S S
DEL NORTE COUNTY  01 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE  0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER PS S S SSSS	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C H S S S S
O1 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE  0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER PS S S S S S S S S S S S S S S S S S S	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG	0	COST PER USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	CH
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TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
	0	0					
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	0		.00	.00	.000	.00	d
	0	~ т		\$ .00	.000 \$		\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
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PATHOLOGY	0	0	.00	.00	.000	.00	
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RADIOLOGY	0	0	.00	.00	.000	.00	
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ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVI FEE-FOR-SERVIC	E/DENTAL	.00 .00 MONTH-OF-PAYMENT F	.00 .00 REPORT FOR JAN	.000 .000 2005 THRU DEC	.00	PΑ
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ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  01 ELIGIBLES	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	E/DENTAL VICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE	.00 .00 S MONTH-OF-PAYMENT F SOC - BLIND EXPENDITURES	.00 .00 REPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY	.000 .000 2005 THRU DEC 224 MONT UNITS/DAYS F PER ELIG	.00 .00 2005 THLY AVERA COST PER USER	GE - C E
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ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  01 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TE/DENTAL VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 REPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2005 THRU DEC .005 THRU DEC .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C E
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  01 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TE/DENTAL VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 REPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2005 THRU DEC .005 THRU DEC .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C E
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  01 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TE/DENTAL VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 REPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2005 THRU DEC .005 THRU DEC .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C E
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  01 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TE/DENTAL VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 REPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2005 THRU DEC .005 THRU DEC .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C E \$

MENTALLY ILL	0	0	.00		.000	.00	
DEVELOP. DISABLED	0	0	.00		.000	.00	
@NURSING FACILITY	0	0 \$	223.20		.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00		.000	.00	
LEV B-REHAB MD	0	0	.00		.000	.00	
LEV B-SUBACUTE FREESTANDING	9	0	.00		.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00		.000	.00	
LEV B-REGULAR	0	0	223.20	•	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$.	.000	\$ .00	\$
ICF DDH	0	0	.00		.000	.00	
ICF DD	0	0	.00		.000	.00	
ICF DDN/DDCN	0	0	.00		.000	.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$.	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00		.000	.00	
HEMODIALYSIS CENTER	0	0	.00		.000	.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$.	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00		.000	.00	
INDEPENDENT FACILITY	0	0	.00		.000	.00	
@LABORATORY FACILITY	0	0 \$	.00	\$.	.000	\$ .00	\$
PATHOLOGY	0	0	.00		00 .000	.00	
XO AND OTHERS	0	0	.00		000.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$.	000.000	\$ .00	\$
CLINIC	0	0	.00		.000	.00	·
SURGICENTER	0	0	.00		000.000	.00	
HEROIN DETOX CLINIC	0	0	.00		00 .000	.00	
RURAL HEALTH CLINIC	0	0	.00		00 .000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MC	NTH-OF-PAYMENT RE	EPORT FOR	JAN 2005 THRU	DEC 2005	PΑ
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	R MN - NO SOC	- BLIND	AID	CODE 24		
					N	ONTHLY AVER	AGE -
01 ELIGIBLES	USERS UNITS (	OF SERVICE	EXPENDITURES	AVERAGE	COST UNITS/DAY	S COST PER	C
	OR DA	YS OF CARE		PER UNIT	/DAY PER ELIC	USER	E
@ALL OTHER PROVIDERS	0	0 \$	.00		.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00		.000	.00	
BLOOD BANK	0	0	.00		.000	.00	

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$
⊚★ TOTALS IN THESE LINES ARE SIVEN	ΛΟ Λ ΟΓΟΛΟΛΨΕ Τ	NEODMATION ITEM ONLY.				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

---- MONTHLY AVERAGE -

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

				MONIIII AVEK				7GE -
1,737 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	,	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	2,002	16,602	\$	1,352,283.42		9.558	\$ 675.47	\$
@PHYSICIANS SERVICES	343	1,668	\$	73,790.62	\$ 44.24	.960	\$ 215.13	\$
OUTPATIENT VISITS	59	93		3,501.24	37.65	.054	59.34	
OFFICE VISITS	50	82		2,753.24	33.58	.047	55.06	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	8	9		656.62	72.96	.005	82.08	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	2	2		91.38	45.69	.001	45.69	
INPATIENT VISITS	11	56		2,085.09	37.23	.032	189.55	
HOSPITAL VISITS	11	56		2,085.09	37.23	.032	189.55	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	5	7		277.18	39.60	.004	55.44	
EXAMINATIONS	5	7		277.18	39.60	.004	55.44	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	10	77		3,877.05	50.35	.044	387.71	
PRINCIPAL SURGEON	7	9		2,986.06	331.78	.005	426.58	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ANESTHESIOLOGIST	4	68		890.99	13.10	.039		222.75	
OUTPATIENT SURGERY	16	46		4,981.15	108.29	.026		311.32	
PRINCIPAL SURGEON	15	17		4,506.32	265.08	.010		300.42	
ASSISTANT SURGEON	1	1		88.61	88.61	.001		88.61	
ANESTHESIOLOGIST	2	28		386.22	13.79	.016		193.11	
DIALYSIS	0	0		.00	.00	.000		.00	
PATHOLOGY	23	91		840.95	9.24	.052		36.56	
RADIOLOGY	86	235		5,673.91	24.14	.135		65.98	
PSYCHIATRY	0	0		.00	.00	.000		.00	
IMMUNIZATION AND INJECTION	13	420		33,202.36	79.05	.242		2554.03	
OTHER SERVICES/ALL X-OVERS	217	643		19,351.69	30.10	.370		89.18	
@PHARMACY	1,322	9,772	\$	656,920.64	\$ 67.22	5.626	\$	496.91	\$
PRESCRIPTION DRUGS	1,289	6,172		644,632.10	104.44	3.553		500.10	
SNF/ICF	7	85		4,280.02	50.35	.049		611.43	
OUTPATIENTS	1,282	6,087		640,352.08	105.20	3.504		499.49	
MEDICAL SUPPLIES	104	3,600		12,288.54	3.41	2.073		118.16	
@DENTIST	34	134	\$	6,197.00	\$ 46.25	.077	\$	182.26	\$
VISITS - DIAGNOSTIC	24	47		863.00				35.96	
ORAL SURGERY	4	63		3,700.00	58.73	.036		925.00	
DRUGS	0	0		.00	.00	.000		.00	
ANESTHESIA	3	4		300.00	75.00	.002		100.00	
PERIODONTICS	1	1		118.00	118.00	.001		118.00	
ENDODONTICS	0	0		.00	.00	.000		.00	
RESTORATIVE DENTISTRY	5	9		481.00	53.44	.005		96.20	
PROSTHETICS	0	0		.00	.00	.000		.00	
DENTURES, STAYPLATES	7	7		735.00	105.00			105.00	
SPACE MAINTAINERS	0	0		.00	.00			.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00	.00			.00	
ALL OTHER SERVICES	4	3		.00	.00			.00	
#CALIF DEPT OF HEALTH SERV			RES 1	MONTH-OF-PAYMENT RE	PORT FOR JA	N 2005 THRU	DEC	2005	PΑ
MOP024	FEE-FOR-SERVICE/DE	ENTAL							

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 1,737 ELIGIBLES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST 59 178 3,373.87 18.95 .102 \$ 57.18 \$ DIAGNOSTIC AND ANC. PROCED 30 49 1,205.13 24.59 .028 40.17 EYE APPLIANCES 127 2,161.29 17.02 .073 46.98 7.45 OTHER OPTOMETRIC SERVICES 1 2 3.73 .001 7.45 @CHIROPRACTOR 12 20 320.73 16.04 .012 \$ 26.73 VISITS 6 100.32 16.72 .003 25.08 OTHER SERVICES 8 14 220.41 15.74 .008 27.55 @PODIATRIST 82 912.79 11.13 .047 \$ 32.60 5 7 28.74 MEDICINE/INJECTIONS 201.20 .004 40.24 .00 .000 .00 SURGERY/ANES. 0 .00 RADIO./PATHOLOGY 0 0 .00 .00 .000 .00 23 75 711.59 9.49 .043 OTHER 30.94 @HOME HEALTH AGENCY 56 3,580.99 63.95 .032 \$ 895.25 16.71 .013 \$ 91.88 NURSE ANESTHESIST 22 367.51 .00 .000 \$ NURSE MIDWIFE 0 .00 .00 PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 .00 \$ FAMILY NURSE PRACTITIONER 0 0 .00 .00 .000 .00 @TOTAL HOSPITAL 265 1,379 495,525.41 359.34 .794 \$ 1869.91

----- MONTHLY AVERAGE -

HOSP INPATIENT TOTAL	57	164		453,954.76		2768.02	.09	4	7964.12	2	
HSC HOSPITALS	1	1		1,030.00		1030.00	.00	1	1030.00	)	
NON-HSC HOSPITAL TOTAL	23	163		436,144.45		2675.73	.09	4	18962.80	)	
ACCOMMODATIONS	23	163		180,947.89		1110.11	.09	4	7867.30	)	
ADMINISTRATIVE DAYS	0	0		.00		.00	.00	0	.00	)	
TRANSITIONAL IP CARE	0	0		.00		.00	.00	0	.00	)	
ALL OTHER ACCOM	23	163		180,947.89		1110.11	.09	4	7867.30	)	
ANCILLARIES	23	0		255,196.56		.00	.00		11095.50		
INPATIENT CROSSOVERS	33	0		16,780.31		.00	.00		508.49		
ALL OTHER INPATIENT	0	0		.00		.00			.00		
HOSP OUTPATIENT TOTAL	234	1,215		41,570.65		34.21			177.65		
MEDICAL	58	162		9,819.17		60.61			169.30		
SURGERY	12	14		894.27		63.88			74.52		
PATHOLOGY	59	315		3,856.38		12.24			65.36		
RADIOLOGY	55	90		9,151.82		101.69			166.40		
ROOM USE	52	105		4,145.36		39.48	.06		79.72		
CROSSOVERS/ALL OTH OUTPTNT		529		13,703.65		25.90	.30		80.61		
@COUNTY HOSPITAL TOTAL	0	0	\$	.00		.00		0			
CO HOSPITAL INPATIENT TOTAL		0	т	.00		.00	.00		.00		
HSC HOSPITALS	0	0		.00		.00	.00		.00		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.00		.00		
ACCOMMODATIONS	0	0		.00		.00	.00		.00		
ADMINISTRATIVE DAYS	0	0				.00	.00		.00		
TRANSITIONAL IP CARE	0	0				.00	.00		.00		
ALL OTHER ACCOM	0	0		.00		.00	.00		.00		
ANCILLARIES	0	0		.00		.00	.00		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.00		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.00		.00		
CO HOSP OUTPATIENT TOTAL	0	0 0 0 0		.00		.00	.00		.00		
MEDICAL	0	0		.00		.00	.00		.00		
SURGERY	0	0		.00		.00	.00		.00		
PATHOLOGY	0	0		.00		.00	.00		.00		
RADIOLOGY	0	0		.00		.00	.00		.00		
ROOM USE	0	0		.00		.00	.00		.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.00		.00		
	MEDI-CAL SERVICES AND		RES MON							, P2	Δ
	FEE-FOR-SERVICE/DENTA		.c_o ron		01(1	1010 01410	2005 1111		10 2005	1.2	
DEL NORTE COUNTY	SUMMARY OF SERVICES F		) SOC -	DISABLED 64	6G 6H	611 6V 63	7 8G				
222 1.01(12 0001(11		J. 1111 IV		213111111 01	50 511			MO	NTHLY AVER	AGE .	_

USERS UNITS OF SERVICE EXPENDITURES 1,737 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @COMMUNITY HOSPITAL TOTAL 265 1,379 495,525.41 \$ 359.34 .794 \$ 1869.91 \$ COMM HOSP INPATIENT TOTAL 57 164 453,954.76 2768.02 .094 7964.12 HSC HOSPITALS 1 1 1,030.00 1030.00 .001 1030.00 23 163 2675.73 .094 18962.80 NON-HSC HOSPITALS TOTAL 436,144.45 .094 23 163 180,947.89 1110.11 7867.30 ACCOMMODATIONS 0 0 .00 .00 .000 .00 ADMINISTRATIVE DAYS 0 0 .000 TRANSITIONAL IP CARE .00 .00 .00 ALL OTHER ACCOM 23 163 180,947.89 1110.11 .094 7867.30 ANCILLARIES 0 255,196.56 .00 .000 11095.50 INPATIENT CROSSOVERS 33 0 16,780.31 .00 .000 508.49 0 0 .00 .000 .00 ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL 234 1,215 41,570.65 34.21 .699 177.65 MEDICAL 58 162 .093 9,819.17 60.61 169.30 SURGERY 12 14 894.27 63.88 .008 74.52

PATHOLOGY	59	315		3,856.38		12.24	.181		65.36	
RADIOLOGY	55	90		9,151.82		101.69	.052		166.40	
ROOM USE	52	105		4,145.36		39.48	.060		79.72	
CROSSOVERS/ALL OTH OUTPTNT		529		13,703.65		25.90	.305		80.61	
@STATE HOSPITAL	0	0	Ċ	.00	Ċ	.00	.000	Ġ	.00	\$
MENTALLY ILL	0	0	۲	.00	Y	.00	.000	Y	.00	Y
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	5	41	\$	12,200.35	\$	297.57	.024	\$	2440.07	Ċ
LEV A-INTERMEDIATE	0	0	۲	.00	Y	.00	.000	Y	.00	Y
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	5	41		12,200.35		297.57	.024		2440.07	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	7	.00	7	.00	.000	т	.00	7
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00	·	.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	1	6	\$	125.13	\$	20.86	.003	\$	125.13	\$
HOSPITAL BASED	1	6	·	125.13	·	20.86	.003	·	125.13	·
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	38	163	\$	2,729.54	\$	16.75	.094	\$	71.83	\$
PATHOLOGY	38	163		2,729.54		16.75	.094		71.83	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	528	905	\$	65,234.82	\$	72.08	.521	\$	123.55	\$
CLINIC	1	1		8.08		8.08	.001		8.08	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	527	904		65,226.74		72.15	.520		123.77	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	JRES MOI	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2005	THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	R MN - N	10 SOC	- DISABLED 64 6	5G 6H	I 6U 6V 6X 8G				

UNITS OF SERVICE 1,737 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @ALL OTHER PROVIDERS 226 2,176 14.25 1.253 \$ 137.19 \$ 31,004.02 15 29 4,150.64 143.13 .017 276.71 DURABLE MED. EQUIP. BLOOD BANK 0 0 .00 .000 .00 .00 HEARING AID DISPENSERS Ω Ω .00 .00 .000 .00 7,296.61 MEDICAL TRANSPORTATION 19 326 22.38 .188 384.03 AMBULANCES/AIR TRANS 18 312 4,634.32 14.85 .180 257.46 OTHER TRANS 0 0 .00 .00 .000 .00 OTHER SERVICES 9 2,662.29 190.16 .008 295.81 14 0 .00 .00 .000 .00 ACUPUNCTURE 0 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING 0 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 OPTICIAN 66 173 1,745.48 10.09 .100 26.45 PHYSICAL THERAPIST 527.98 15.53 .020 88.00 6 34 PORTABLE X-RAY 0 0 .00 .00 .000 .00

3,858.48

192.92

.012

3858.48

PROSTHETIST/ORTHOTISTS

----- MONTHLY AVERAGE -

C

PROSTHETICS	1	20	3,858.48	192.92	.012	3858.48	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	1	4	7.64	1.91	.002	7.64	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	26	1,195	7,867.94	6.58	.688	302.61	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	100	395	5,549.25	14.05	.227	55.49	
@CALIF. CHILDREN SERVICES*	3	30	\$ 4,839.88	\$ 161.33	.017	\$ 1613.29	\$
@XOVER EXCLUDING STATE HOSP**	445	3,897	\$ 47,371.07	\$ 12.16	2.244	\$ 106.45	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

			 		00 /0 /11			
					MOI	NTHLY AVERA	GE -	
25,329 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	
@TOTAL, ALL PROVIDERS	13,346	62,538	\$ 3,915,152.50	\$ 62.60	2.469	\$ 293.36	\$	
@PHYSICIANS SERVICES	2,273	4,590	\$ 194,413.38	\$ 42.36	.181	\$ 85.53	\$	
OUTPATIENT VISITS	495	609	24,071.19	39.53	.024	48.63		
OFFICE VISITS	396	444	17,004.57	38.30	.018	42.94		
HOME VISITS	0	0	.00	.00	.000	.00		
EMERGENCY ROOM	72	83	4,375.42	52.72	.003	60.77		
PREVENTIVE CARE	0	0	.00	.00	.000	.00		
OB VISITS/COMPRE PERI	19	70	2,275.07	32.50	.003	119.74		
OTHER OUTPATIENT	12	12	416.13	34.68	.000	34.68		
INPATIENT VISITS	70	388	35,511.07	91.52	.015	507.30		
HOSPITAL VISITS	52	121	6,036.36	49.89	.005	116.08		
CRITICAL CARE	20	266	29,402.61	110.54	.011	1470.13		
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10		
OPHTHALMOLOGICAL SERVICES	29	36	1,273.27	35.37	.001	43.91		

	0.0	2.6		1 000 00	2.1		0.01	42 01	
EXAMINATIONS SERVICES AND MATERIALS	29 0	36 0		1,273.27		3.37	.001	43.91	
SERVICES AND MATERIALS	0			.00		.00	.000	.00	
INPATIENT HOSPITAL SURGERY	61	252		27,463.08		.98		450.21	
PRINCIPAL SURGEON	44	47		22,738.03	48.	.79		516.77	
ASSISTANT SURGEON	3	3		436.46	145	.49		145.49	
ANESTHESIOLOGIST	16	202		4,288.59		.23	.008	268.04	
OUTPATIENT SURGERY	162	453		39,147.32	86	.42	.018	241.65	
PRINCIPAL SURGEON	155	201		37,263.38	185	.39	.008	240.41	
ASSISTANT SURGEON	1	1		134.77	134	.77	.000	134.77	
ANESTHESIOLOGIST	9	251		1,749.17	(	.97	.010	194.35	
DIALYSIS	0	0		.00		.00	.000	.00	
PATHOLOGY	1 9 0 130	290		4,288.24	14	.79		32.99	
RADIOLOGY	1,496	2,113		50,137.06	23	.73	.083	33.51	
PSYCHIATRY	^	0		. 0.0		.00	.000	.00	
IMMUNIZATION AND INJECTION	22	46		540.81	13	.76	.002	24.58	
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY	230	403		11,981.34	29	.73	.016		
@PHARMACY	6.358	15,726	Ġ	897,996.95	\$ 5				\$
PRESCRIPTION DRUGS	6.320	15,497	т	884,784.29				140.00	7
SNF/ICF	6,320 1 6,319	1		8.53		.53		8.53	
OUTPATIENTS	6.319	15,496		884,775.76	5.	1.10		140.02	
MEDICAL SUPPLIES	155	229		13,212.66	5.	7.70	.009	85.24	
@DENTIST	151	925	Ċ	40,805.00		.11	.037		\$
VICITS - DIAGNOSTIC	122	466	۲	7,483.00		.06	.018	61.34	Y
MEDICAL SUPPLIES  @DENTIST  VISITS - DIAGNOSTIC  ORAL SURGERY  DRUGS  ANESTHESIA  PERIODONTICS  ENDODONTICS	50	238		16,399.00	69	3.90	.010	327.98	
DDIICC	0	238		.00		.00	.009	.00	
AMECHIECTA DRUGO	1.0	19		2,000.00		5.26	.000	105.26	
DEDIODOMETCC AMEDIAEDIA	19	0		2,000.00	10:		.000	.00	
PERIODONIIICS	10	16			7.0	.00			
ENDODONTICS	39			1,273.00		.56		127.30	
RESTORATIVE DENTISTRY		150		6,945.00	4 (	.30	.006	178.08	
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	
DENTURES, STAYPLATES	9	15		5,245.00		.67	.001	582.78	
SPACE MAINTAINERS	0	0		.00		.00		.00	
MAXILLOFACIAL SERVICES	5	5		250.00	5(	.00		50.00	
FRACTURES, DISLOCATIONS	0			.00		.00		.00	
ORTHODONTIC SERVICES	8	10		1,135.00		.50	.000	141.88	
ALL OTHER SERVICES	6	6		75.00		.50	.000	12.50	
#CALIF DEPT OF HEALTH SERV			RES MO	NTH-OF-PAYMENT RE	PORT FOR	2 JAN 20	005 THRU	DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DEN								
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FAM	I 34 39 3N 3T 3V 5	54 59 5J	5W-5Y 6	6J 7J 7K		
							M	ONTHLY AVERA	AGE -

----- MONTHLY AVERAGE -25,329 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST 412 1,128 \$ 21,995.19 19.50 .045 \$ 53.39 \$ DIAGNOSTIC AND ANC. PROCED 293 11,835.93 25.73 .018 40.40 460 EYE APPLIANCES 241 667 15.21 .026 42.11 10,147.85 OTHER OPTOMETRIC SERVICES 1 11.41 11.41 .000 11.41 1 @CHIROPRACTOR 164 242 16.72 .010 24.67 4,046.24 VISITS 16.72 .010 24.67 164 242 4,046.24 OTHER SERVICES 0 0 .00 .00 .000 .00 @PODIATRIST 64 101 \$ 3,313.12 32.80 .004 51.77 MEDICINE/INJECTIONS 61 85 31.76 .003 2,699.70 44.26 SURGERY/ANES. 3 3 377.14 125.71 .000 125.71 RADIO./PATHOLOGY 8 11 188.59 17.14 .000 23.57 2 23.85 OTHER 1 47.69 .000 47.69 \$ @HOME HEALTH AGENCY 180 12,088.67 67.16 .007 \$ 1511.08

NURSE ANESTHESIST	126	647	13,013.91	\$ 20.11	.026 \$	103.29	Ś
NURSE MIDWIFE	62	138		\$ 181.35	.005 \$	403.65	\$
PEDIATRIC NURSE PRACTITIONER	0	. م		\$ .00	.000 \$	.00	\$
FAMILY NURSE PRACTITIONER	1	4 \$ 17,500 \$	29.36	\$ 7.34	.000 \$	29.36	\$
@TOTAL HOSPITAL	3,327	17.500	1.599.346.13	\$ 91.39	.691 S		Š
HOSP INPATIENT TOTAL	163	662	1,037,056.22	1566.55 1456.85 1582.81	.026	6362.31	т
HCC HOCDITALC	1.4	90	131,116.50	1456.85	.004	9365.46	
NON-HSC HOSPITAL TOTAL	148	572	905,368.84	1582.81	.023	6117.36	
ACCOMMODATIONS	148	572	460,566.01	805.19	.023	3111.93	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	0.0	0.0	0.00	.00	
ALL OFFICE AGGON	1.40	572	460,566.01	805.19	.023	3111.93	
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	148	0	444,802.83		.000	3005.42	
INPATIENT CROSSOVERS	2 0		570.88	.00	.000	285.44	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	3,260	0 0 16,838	562,289.91	33.39		172.48	
MEDICAL	1,589	2,252	132,055.81	58.64		83.11	
SURGERY	302	390	22,246.48	57.04		73.66	
PATHOLOGY	1,347	4,884	60,655.62	12.42	.193	45.03	
RADIOLOGY	1,186	1,612	107 200 01	66 55		90.46	
ROOM USE	1,906	2,898	109,439.90	37.76		57.42	
CROSSOVERS/ALL OTH OUTPTNT	1,510	4,802	130,611.19	27.20	.190	86.50	
@COUNTY HOSPITAL TOTAL	10	47 \$	1,536.43	\$ 32.69	.002 \$		\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	•
HSC HOSPITALS	0	0	.00		.000	.00	
NON-HSC HOSPITALS TOTAL	0	0 0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0 0 0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	10	47	1,536.43	32.69	.002	153.64	
MEDICAL	4	5 3	288.46	57.69	.000	72.12	
SURGERY	1	3	61.68	20.56	.000	61.68	
PATHOLOGY	5	15	300.64	20.04	.001	60.13	
RADIOLOGY	2	2	74.27	37.14		37.14	
ROOM USE	6	11	488.25	44.39		81.38	
CROSSOVERS/ALL OTH OUTPTNT		11	323.13	29.38	.000	64.63	
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT REE	PORT FOR JAN	2005 THRU DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTA	ΑL					

AVERAGE COST UNITS/DAYS COST PER 25,329 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER \$ \$ 91.55 481.70 \$ @COMMUNITY HOSPITAL TOTAL 3,317 17,453 1,597,809.70 .689 \$ COMM HOSP INPATIENT TOTAL 1566.55 163 662 1,037,056.22 .026 6362.31 HSC HOSPITALS 14 90 131,116.50 1456.85 .004 9365.46 NON-HSC HOSPITALS TOTAL 148 572 905,368.84 1582.81 .023 6117.36 148 572 805.19 .023 3111.93 ACCOMMODATIONS 460,566.01 0 0 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 0 .000 .00 .00 .00

572

148

148

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

460,566.01

444,802.83

----- MONTHLY AVERAGE -

3111.93

3005.42

.023

.000

805.19

.00

C

E

DEL NORTE COUNTY

ALL OTHER ACCOM

ANCILLARIES

INPATIENT CROSSOVERS	2	0		570.88		.00	.000		285.44	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	3,250	16,791		560,753.48		33.40	.663		172.54	
MEDICAL	1,585	2,247		131,767.35		58.64	.089		83.13	
SURGERY	301	387		22,184.80		57.33	.015		73.70	
PATHOLOGY	1,342	4,869		60,354.98		12.40	.192		44.97	
RADIOLOGY	1,184	1,610		107,206.64		66.59	.064		90.55	
ROOM USE	1,900	2,887		108,951.65		37.74	.114		57.34	
CDCCCVIEDC/NII OTH OTHTOWNT	1 505	4,791		130,288.06		27.19	.189		86.57	
@STATE HOSPITAL	_,	-, 0	\$	.00		.00	.000	Ś	.00	\$
MENTALLY ILL	0	0	7	.00	7	.00	.000	т.	.00	т
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0 0 0 0 1	12	\$	1,521.60	\$	126.80	.000	Ś	1521.60	Ś
LEV A-INTERMEDIATE	0	0	т	.00	т	.00	.000	т	.00	т
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
	•	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	1	12				126.80	.000		1521.60	
@INTERMEDIATE CARE FACILDD	0	0	\$	1,521.60 .00	\$	.00	.000	Ś	.00	\$
ICF DDH	0	0	۲	.00	۲	.00	.000	۲	.00	۲
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ċ	.00	\$
HOSPITAL BASED	0	0	۲	.00	Ą	.00	.000	Y	.00	Y
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	31	\$	811.59	\$	26.18	.001	Ċ	90.18	\$
HOSPITAL BASED	۵	31	Ą	811.59	Ą	26.18	.001	ې	90.18	ې
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	1 121	2,987	\$	47,751.37	\$	15.99	.118	Ġ	42.60	\$
PATHOLOGY	1,121	2,987	Ą	47,751.37	Ą	15.99	.118	ې	42.60	ې
XO AND OTHERS	1,121	2,987		47,731.37		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	5,692	7,894	\$	906,560.12			.312	بع	159.27	Ś
CLINIC CLINIC	3,694	136	Ą	5,730.31		42.13	.005	Ą	163.72	Ą
SURGICENTER	35	136		5,730.31		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	•	7,758		900,829.81		116.12	.306		159.07	
	5,663		מים א	900,829.81 IONTH-OF-PAYMENT F				חהמ		PΑ
	FEE-FOR-SERVIC		KES M	IONIH-OF-PAYMENI F	(EPORI	FOR JAN	2005 IHRU	DEC	2005	PP
		•		M 34 39 3N 3T 3V	E4 E0	ET EW EV	. CT 7T 7V			
DEL NORIE COUNTY	SUMMARI OF SERV	VICES FOR MIN-NOS	OC-FA	M 34 39 3N 31 3V	34 39	30 3W-31		יייזא ריי	HLY AVERA	\CE
25,329 ELIGIBLES	USERS	UNITS OF SERVIC	<b>.</b>	EXPENDITURES	7/17/27	מאכב כספייי	UNITS/DAY			4GE -
25,329 601916065	USERS	OR DAYS OF CAR		EXPENDITORES			PER ELIC		USER	E
@ALL OTHER PROVIDERS	864	10,433	ь \$	146,433.45	PER \$	14.04	.412		169.48	
DURABLE MED. EQUIP.	16	10,433	ų	2,989.85	Ą	14.04	.001	ې	186.87	Ą
BLOOD BANK	U T.0	26		2,989.85					186.87	
DUCCH DAINE	U	Ü		- 00		- 1111			. (7()	

25,329 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	864	10,433 \$	146,433.45	\$ 14.04	.412 \$	169.48	\$
DURABLE MED. EQUIP.	16	26	2,989.85	114.99	.001	186.87	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	150	5,036	95,468.67	18.96	.199	636.46	
AMBULANCES/AIR TRANS	147	4,973	68,285.12	13.73	.196	464.52	
OTHER TRANS	1	3	33.11	11.04	.000	33.11	
OTHER SERVICES	54	60	27,150.44	452.51	.002	502.79	
ACUPUNCTURE	1	1	17.38	17.38	.000	17.38	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	48	48	5,040.00	105.00	.002	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	2	19	1,486.31	78.23	.001	743.16	

OCCUPATIONAL THERAPIST	0	0	0 .00		.00	.000	.00	
OPTICIAN	281	627		5,493.42	8.76	.025	19.55	
PHYSICAL THERAPIST	105	784		12,151.71	15.50	.031	115.73	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	6	14		2,456.76	175.48	.001	409.46	
PROSTHETICS	6	14		2,456.76	175.48	.001	409.46	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	19	50		2,315.49	46.31	.002	121.87	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	201	1,401		15,516.20	11.08	.055	77.20	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	54	2,427		3,497.66	1.44	.096	64.77	
@CALIF. CHILDREN SERVICES*	40	835	\$	194,150.67	\$ 232.52	.033	\$ 4853.77	\$
@XOVER EXCLUDING STATE HOSP**	62	1,084	\$	3,055.14	\$ 2.82	.043	\$ 49.28	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

		MONTHLY AVERAGE -						
29,450 ELIGIBLES	USERS UNITS OF SERVICE EXPENDITURES F		AVERAGE COST	UNITS/DAYS	COST PER	C		
,		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	
@TOTAL, ALL PROVIDERS	17,645	115,906	\$ 6,074,840.19	\$ 52.41	3.936 \$	344.28	\$	
@PHYSICIANS SERVICES	2,925	6,986	\$ 282,571.27				\$	
OUTPATIENT VISITS	566	714	28,432.23	39.82		50.23		
OFFICE VISITS	455	535	20,412.56	38.15	.018	44.86		
HOME VISITS	0	0	.00	.00	.000	.00		
EMERGENCY ROOM	83	95	5,237.09	55.13	.003	63.10		
PREVENTIVE CARE	0	0	.00	.00	.000	.00		
OB VISITS/COMPRE PERI	19	70	2,275.07	32.50	.002	119.74		
OTHER OUTPATIENT	14	14	507.51	36.25	.000	36.25		
INPATIENT VISITS	81	444	37,596.16	84.68	.015	464.15		
HOSPITAL VISITS	63	177	8,121.45	45.88	.006	128.91		
CRITICAL CARE	20	266	29,402.61	110.54	.009	1470.13		
SNF/ICF/TRANS IP CARE	1	1	72.10		.000	72.10		
OPHTHALMOLOGICAL SERVICES	35	44	1,556.46	35.37	.001	44.47		
EXAMINATIONS	35	44	1,556.46		.001	44.47		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		
INPATIENT HOSPITAL SURGERY	71	329	31,340.13	95.26	.011	441.41		
PRINCIPAL SURGEON	51	56	25,724.09			504.39		
ASSISTANT SURGEON	3	3	436.46	145.49	.000	145.49		
ANESTHESIOLOGIST	20	270	5,179.58	19.18	.009	258.98		
OUTPATIENT SURGERY	179	500	44,503.38	89.01	.017	248.62		
PRINCIPAL SURGEON	171	219	42,144.61		.007	246.46		
ASSISTANT SURGEON	2	2	223.38	111.69	.000	111.69		
ANESTHESIOLOGIST	11	279	2,135.39	7.65	.009	194.13		
DIALYSIS	0	0	.00	.00	.000	.00		
PATHOLOGY	155	385	5,154.56	13.39		33.26		
RADIOLOGY	1,596	2,379	57,551.81	24.19	.081	36.06		
PSYCHIATRY	0	0	.00	.00	.000	.00		

IMMUNIZATION AND INJECTION	35	466		33,743.17		72.41	.016		964.09	
OTHER SERVICES/ALL X-OVERS	730	1,725		42,693.37		24.75	.059		58.48	
@PHARMACY	9,278	56,278	\$	2,120,787.01	\$	37.68	1.911	\$	228.58	\$
PRESCRIPTION DRUGS	9,146	28,136	·	2,082,834.95		74.03	.955	·	227.73	·
SNF/ICF	49	406		22,342.73		55.03	.014		455.97	
OUTPATIENTS	9,098	27,730		2,060,492.22		74.31			226.48	
MEDICAL SUPPLIES	408	28,142		37,952.06		1.35	.956		93.02	
@DENTIST	208	1,156	\$	53,638.00	\$	46.40		\$		\$
VISITS - DIAGNOSTIC	160	560	·	8,791.00		15.70	.019	·	54.94	·
ORAL SURGERY	56	329		21,470.00		65.26	.011		383.39	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	24	25		2,500.00		100.00	.001		104.17	
PERIODONTICS	2	2		173.00		86.50	.000		86.50	
ENDODONTICS	10	16		1,273.00		79.56	.001		127.30	
RESTORATIVE DENTISTRY	45	160		7,511.00		46.94	.005		166.91	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	26	39		10,460.00		268.21	.001		402.31	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	5	5		250.00		50.00	.000		50.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	8	10		1,135.00		113.50	.000		141.88	
ALL OTHER SERVICES	11	10		75.00		7.50	.000		6.82	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	IONTH-OF-PAYMENT RE	PORT	FOR JAN 2	2005 THRU	DEC	2005	PP
MOP024	FEE-FOR-SERVICE	/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC	C - TOTAL						
							M		HLY AVERA	.GE -
29,450 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER	C
		OR DAYS OF CARE	1		PEF	R UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	505	1,410	\$	27,189.41	\$	19.28	.048	\$	53.84	\$
DIAGNOSTIC AND ANC. PROCED	332	524		13,381.22		25.54	.018		40.30	

879

7

263

248

15

228

13,694.99

4,383.69

4,146.56

4,759.52

113.20

237.13

15.58

16.17

16.67

16.72

15.81

20.88

.030

.000

.008

.001

.009 \$

.008 \$

43.20

22.64 24.77 \$

24.68

26.35

37.77 \$

317

5

177

168

9

126

EYE APPLIANCES

OTHER SERVICES

@CHIROPRACTOR

VISITS

@PODIATRIST

OTHER OPTOMETRIC SERVICES

MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOPO 24 DEL NORTE COUNTY	66	92	2,900.90	31.53	.003	43.95	
SURGERY/ANES.	3	3	377.14	125.71	.000	125.71	
RADIO./PATHOLOGY	8	11	188.59	17.14	.000	23.57	
OTHER	58	122	1,292.89	10.60	.004	22.29	
@HOME HEALTH AGENCY	12	236 \$	15,669.66	\$ 66.40	.008 \$	1305.81	\$
NURSE ANESTHESIST	130	669 \$	13,381.42	\$ 20.00	.023	102.93	\$
NURSE MIDWIFE	62	138 \$	25,026.42	\$ 181.35	.005	403.65	
PEDIATRIC NURSE PRACTITIONER	0	0 Š	, 00		.000 \$	.00	
FAMILY NURSE PRACTITIONER	1	4 \$	29.36	\$ 7.34	.000	29.36	
@TOTAL HOSPITAL	3.814	19.521 \$	2.150.301.12	\$ 110.15	.663	FC2 70	۲.
HOSP INPATIENT TOTAL	279	826	1.530.179.25	1852.52	.028	5484.51	т.
HSC HOSPITALS	15	91	132,146.50	1452.16	.003	8809.77	
NON-HSC HOSPITAL TOTAL	171	735	1.341.513.29	1825.19	. 025	7845.11	
ACCOMMODATIONS	171	735	641.513.90	872.81	. 025	3751.54	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	0.0	0.0	000	5484.51 8809.77 7845.11 3751.54 .00 .00 3751.54 4093.56	
ALL OTHER ACCOM	171	735	641,513,90	872 81	025	3751 54	
ANCTLLARTES	171	, 33	699,999,39	00	000	4093 56	
INPATIENT CROSSOVERS	94	0	56,519 46	0.0	000	601 27	
ALL OTHER INPATTENT	0	0	00	0.0	000	601.27	
HOSP OUTPATTENT TOTAL	3 682	18 695	620 121 87	33 17	635	.00 168.42 85.98 73.53 45.87 97.89 58.05	
MEDICAL	1 663	2 434	142 981 77	58 74	.033	85 98	
GIIBGEBA	316	407	23 234 15	57 09	014	73 53	
PATHOLOGV	1 420	5 254	65 128 74	12 40	178	45 87	
PADIOLOGY	1 257	1 776	123 051 98	69 29	060	97 89	
ROOM USE	1 968	3 016	114 249 75	37 88	102	58 05	
CROSSOVERS / ALL OTH OUTDINT	1,900	5,010	151 475 48	26.08	.197	82.01	
@COINTY HOGDITAL TOTAL	1,047	5,000 50 ¢	1 552 53	20.00 ¢ 31.05	.002 \$		Ċ
CO HOGDITAL INDATIFAT TOTAL	0	0	1,352.33	7 31.03	000	00	Y
HGC HOSDITALS	0	0	.00	00	000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	00	000	.00	
ACCOMMODATIONS	0	0	.00	00	000	.00	
ADMINICTRATIVE DAVC	0	0	0.0	00	.000	.00	
TRANSTITIONAL TO CARE	0	0	.00	00	.000	.00	
ALL OTHER ACCOM	0	0	.00	00	.000	.00	
ANCTI.I.ARTES	0	0	.00	00	.000	.00	
TNDATIENT CROSSOVERS	0	0	.00	00	.000	.00	
ALL OTHER INDATIENT	0	0	.00	00	.000	.00	
CO HOSD OUTDATTENT TOTAL	11	5.0	1 552 53	31 05	.000	141 14	
MEDICAL	4	5	288 46	57.69	000	141.14 72.12 61.68 60.13	
SURGERY	1	3	61 68	20.56	000	61 68	
PATHOLOGY	5	15	300 64	20.50	001	60 13	
RADIOLOGY	2	2	74 27	37 14	.000	37 14	
ROOM USE	6	11	488 25	44 39	.000	37.14 81.38	
CROSSOVERS/ALL OTH OUTPTNT	6	14	339 23	24 23	.000	56.54	
#CALIF DEPT OF HEALTH SERV	MEDT-CAL SERVIT	CES AND EXPENDITIBES M	ONTH-OF-DAVMENT PE	TDORT FOR JAN	2005 דעפון סו		PΑ
MOP024	FEE-EUB-GEDAIL	E/DENTAI.	ONTH OF PAINENT RE	LOKI FOR OAN	2000 IIIKO DE	2003	F.F.
MOP024 DEL NORTE COUNTY	SIIMWABA UE GED	VICES FOR MN - NO SOC	- <b>Т</b> ОТАТ.				
DDD MORTH COOMIT	DOMESTICE OF DER	VICES FOR PHV NO BOC	10171		MON	TTHIV AVERZ	7GE -
29,450 ELIGIBLES	USERS	UNITS OF SERVICE					ZGE –
25,150 111011110	ODLIND	OR DAYS OF CARE	721 111D 1 1 OKED	PER UNIT/DAY			
				THE CHIT/DAT		COLIC	

19,471

826

91

735

2,148,748.59

1,530,179.25

1,341,513.29

132,146.50

110.36

1852.52

1452.16

1825.19

.661 \$

.028

.003

.025

565.01 \$

5484.51

8809.77

7845.11

@COMMUNITY HOSPITAL TOTAL

HSC HOSPITALS

COMM HOSP INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

3,803

279

15

171

ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	171	735		641,513.90		872.81	. 0	25		3751.54	
ADMINISTRATIVE DAYS	0	0		.00		.00		000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	. 0	000		.00	
ALL OTHER ACCOM	171	735		641,513.90		872.81		25		3751.54	
ANCILLARIES	171	0		699,999.39		.00		000		4093.56	
INPATIENT CROSSOVERS	94	0		56,519.46		.00		000		601.27	
ALL OTHER INPATIENT	0	0		.00		.00	. 0	000		.00	
COMM HOSP OUTPATIENT TOTAL	3,671	18,645		699,999.39 56,519.46 .00 618,569.34		33.18		33		168.50	
MEDICAL	1,659	2,429		142,693.31		58.75		82		86.01	
SURGERY	315	404		23,172.47		57.36		14		73.56	
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	1,415	5,239		23,172.47 64,828.10		12.37	. 1	78		45.81	
RADIOLOGY	1,255	1,774		122,977.71 113,761.50		69.32	. 0	060		97.99	
ROOM USE	1,962	1,774 3,005		113,761.50		69.32 37.86	. 1	02		97.99 57.98	
CROSSOVERS/ALL OTH OUTPTNT	1,841	5,794		151,136.25		26.08	.1	97		82.09	
@STATE HOSPITAL	0	0	\$	.00		.00		000	\$	.00	Ġ
MENTALLY ILL	0	0		.00		.00		000	'	.00	'
DEVELOP. DISABLED	0	0		.00		.00		000		.00	
@NURSING FACILITY	47	746	\$	121,071.99	\$	162.29			\$		Ġ
LEV A-INTERMEDIATE	0	0		.00		.00		000	'	.00	'
LEV B-REHAB MD	0	0		.00		.00		000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		000		.00	
LEV B-REGULAR	47	746		121,071.99		162.29		25		2576.00	
CROSSOVERS/ALL OTH OUTPTNT  @STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE  LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING  LEV B-SUBACUTE HSPTL BASED  LEV B-TRANSITIONAL IP CARE  LEV B-REGULAR  @INTERMEDIATE CARE FACILDD  ICF DDH  ICF DD  ICF DDN/DDCN  @HEMODIALYSIS TOTAL  HOSPITAL BASED  HEMODIALYSIS CENTER  @REHABILITATION FACILITY  HOSPITAL BASED  INDEPENDENT FACILITY  @LABORATORY FACILITY  PATHOLOGY	0	0	\$	.00	Ġ	.00			\$	.00	Ġ
ICF DDH	0	0		.00		.00		000	'	.00	'
ICF DD	0	0		.00		.00		000		.00	
ICF DDN/DDCN	0	0		.00		.00		000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00		000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00		000	'	.00	'
HEMODIALYSIS CENTER	0	0		.00		.00		000		.00	
@REHABILITATION FACILITY	10	37	\$	936.72	\$	25.32		01	\$	93.67	\$
HOSPITAL BASED	10	37	•	936.72	•	25.32		01		93.67	·
INDEPENDENT FACILITY	0			.00		.00		000		.00	
@LABORATORY FACILITY	1,165	0 3,159	\$	50,633.01	\$	16.03		07	\$	43.46	\$
PATHOLOGY XO AND OTHERS	1,164	3,158		50,624.51				.07	'	43.49	'
XO AND OTHERS	, 1	1 9,387 146		50,624.51 8.50		8.50	. 0	000		8.50	
@ORGANIZED OUTPATIENT CLINIC	6.559	9,387	\$	1.005.622.21	Ś	107.13	. 3	319	\$	153.32	\$
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	39	146		6,115.53		41.89	. 0	05	'	156.81	'
SURGICENTER	1	1		6,115.53 205.06		205.06	. 0	000		205.06	
HEROIN DETOX CLINIC	0	0		.00		.00	. 0	000		.00	
RURAL HEALTH CLINIC	6,525	9,240		999,301.62		108.15	. 3	14		153.15	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDIT	URES 1	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2005 TH	IRU	DEC	2005	PA
MOP024	FEE-FOR-SERVIC	'E/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MN - 1	NO SO	C - TOTAL							
								- N	TNON	HLY AVERA	GE -
29.450 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVF	RAGE COS	r untts/	מס'	7S	COST PER	(

C 29,450 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @ALL OTHER PROVIDERS 1,403 15,688 198,839.38 12.67 .533 \$ 141.72 \$ DURABLE MED. EQUIP. 37 63 7,559.12 119.99 .002 204.30 BLOOD BANK 0 0 .00 .00 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 MEDICAL TRANSPORTATION 176 6,542 104,520.78 15.98 .222 593.87 AMBULANCES/AIR TRANS 165 72,919.44 .179 5,285 13.80 441.94 7 OTHER TRANS 1,182 1,786.08 1.51 .040 255.15

OTHER SERVICES	64	75		29,815.26		397.54	.003	5	465.86	
ACUPUNCTURE	1	1		17.38		17.38	.000	)	17.38	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	)	.00	
GENETIC DISEASE TESTING	48	48		5,040.00		105.00	.002	2	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	2	19		1,486.31		78.23	.002	_	743.16	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	
OPTICIAN	420	996		9,127.91		9.16	.034		21.73	
PHYSICAL THERAPIST	111	818		12,679.69		15.50	.028		114.23	
PORTABLE X-RAY	0	0		.00		.00	.000		.00	
PROSTHETIST/ORTHOTISTS	7	34		6,315.24		185.74	.003		902.18	
PROSTHETICS	7	34		6,315.24		185.74	.003		902.18	
ORTHOTICS	0	0		.00		.00	.000		.00	
PSYCHOLOGIST	0	0		.00		.00	.000		.00	
SPEECH AND AUDIOLOGY	23	57		3,893.23		68.30	.002		169.27	
HOSPICE SERVICES	1	8		1,153.36		144.17	.000		1153.36	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00	
LOCAL EDUCATION AGENCIES	227	2,596		23,384.14		9.01	.088		103.01	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	
ALL OTHER PROVIDERS	385	4,506		23,662.22		5.25	.153		61.46	
@CALIF. CHILDREN SERVICES*	43	865	Ś	198,990.55	Ś	230.05	.029			\$
@XOVER EXCLUDING STATE HOSP**	1,157	11,455	Š	146,355.44	\$	12.78	.389		126.50	\$
OF MOMAIC IN MINDER LINES AND CITY	-,	,	T	210,000.11	т		.50.	~		т

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

					MON'	THLY AVERAGE	<b>3</b> −
53 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	96	382 \$	36,944.07	\$ 96.71	7.208 \$	384.83 \$	\$
@PHYSICIANS SERVICES	12	31 \$	616.05	\$ 19.87	.585 \$	51.34 \$	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	

ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
	12	31		616.05						
OTHER SERVICES/ALL X-OVERS			4			19.87	.585		51.34	4
@PHARMACY	62	289	\$	27,776.08	\$	96.11	5.453	Ş	448.00	\$
PRESCRIPTION DRUGS	59	275		27,555.82		100.20	5.189		467.05	
SNF/ICF	3	29		1,155.21		39.83	.547		385.07	
OUTPATIENTS	57	246		26,400.61		107.32	4.642		463.17	
MEDICAL SUPPLIES	4	14		220.26		15.73	.264		55.07	
@DENTIST	1	2	\$	67.00	\$	33.50	.038	\$	67.00	\$
VISITS - DIAGNOSTIC	1	1	·	10.00	•	10.00	.019	·	10.00	·
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0					.000			
	0	-		.00		.00			.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	1	1		57.00		57.00	.019		57.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	
#CALTE DEPT OF HEALTH SERV	MEDI-CAL SERV	ICES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RE	ZPOR'	T FOR JAN 2	2005 THRII	DEC	2005	PΣ
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT RE	EPOR'	r for Jan 2	2005 THRU	DEC	2005	PΑ
MOP024	FEE-FOR-SERVI	CE/DENTAL						DEC	2005	PΑ
	FEE-FOR-SERVI					FOR JAN 2	1Y			
MOP024 DEL NORTE COUNTY	FEE-FOR-SERVION SUMMARY OF SEI	CE/DENTAL RVICES FOR MN - SO	OC -	AGED	A.	ID CODE 17	1Y M	TNOI	THLY AVERA	GE -
MOP024	FEE-FOR-SERVI	CE/DENTAL RVICES FOR MN - SO UNITS OF SERVICE	OC - E		A:	ID CODE 17	1Y M UNITS/DAY	IONT	THLY AVERA COST PER	GE - C
MOP024 DEL NORTE COUNTY 53 ELIGIBLES	FEE-FOR-SERVIC SUMMARY OF SEI USERS	CE/DENTAL RVICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE	OC - E E	AGED EXPENDITURES	A: AVI PEI	ID CODE 17 ERAGE COST R UNIT/DAY	1Y M UNITS/DAY PER ELIG	IONT 'S	THLY AVERA COST PER USER	GE - C E
MOP024 DEL NORTE COUNTY 53 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVIC SUMMARY OF SEI USERS	CE/DENTAL RVICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 0	OC - E	AGED EXPENDITURES .00	A:	ID CODE 17 ERAGE COST R UNIT/DAY .00	1Y M UNITS/DAY PER ELIG	IONT 'S	THLY AVERA COST PER USER .00	GE - C
MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0	CE/DENTAL RVICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 0 0	OC - E E	AGED  EXPENDITURES  .00 .00	A: AVI PEI	ID CODE 17 ERAGE COST R UNIT/DAY .00 .00	1Y M UNITS/DAY PER ELIG	IONT 'S	CHLY AVERA COST PER USER .00 .00	GE - C E
MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0	CE/DENTAL RVICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 0 0 0	OC - E E	AGED  EXPENDITURES  .00 .00 .00	A: AVI PEI	ID CODE 17 ERAGE COST R UNIT/DAY .00 .00	1Y M UNITS/DAY PER ELIG .000 .000	IONT 'S	CHLY AVERA COST PER USER .00 .00	GE - C E
MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0	CE/DENTAL RVICES FOR MN - SO  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0	OC - E E \$	AGED  EXPENDITURES  .00 .00	A: AVI PEI	ID CODE 17 ERAGE COST R UNIT/DAY .00 .00	1Y M UNITS/DAY PER ELIG .000 .000 .000	IONT S \$ \$	CHLY AVERA COST PER USER .00 .00	GE - C E
MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0	CE/DENTAL RVICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 0 0 0	OC - E E	AGED  EXPENDITURES  .00 .00 .00	A: AVI PEI	ID CODE 17 ERAGE COST R UNIT/DAY .00 .00	1Y M UNITS/DAY PER ELIG .000 .000	IONT S \$ \$	CHLY AVERA COST PER USER .00 .00	GE - C E
MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0	CE/DENTAL RVICES FOR MN - SO  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0	OC - E E \$	AGED  EXPENDITURES  .00 .00 .00 .00	AVI PEI \$	ID CODE 17 ERAGE COST R UNIT/DAY .00 .00 .00 .00	1Y M UNITS/DAY PER ELIG .000 .000 .000	IONT S \$ \$	CHLY AVERA COST PER USER .00 .00 .00	GE - C F \$
MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0	CE/DENTAL RVICES FOR MN - SO  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0	OC - E E \$	EXPENDITURES  .00 .00 .00 .00 .00 .00	AVI PEI \$	ID CODE 17 ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000	IONT S \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00	GE - C F \$
MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0 0 0	CE/DENTAL RVICES FOR MN - SO  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0	OC - E E \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00	AVI PEI \$	ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	IONT S \$ \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - C F \$
MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0 0 0	CE/DENTAL RVICES FOR MN - SO  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 1	OC - E E \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .1.56	AVI PEI \$	ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	GE - C F \$
MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - SO  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 1	OC - E E \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .1.56 .00	AVI PEI \$	ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C F \$
MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0 0 0	CE/DENTAL RVICES FOR MN - SO  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 1 0 0	OC - E E \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .1.56 .00 .00	AVI PEI \$	ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	1Y M UNITS/DAY PER ELIC .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C F \$
MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - SO  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 1	OC - E E \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .1.56 .00 .00 .00 .00	AVI PEI \$	ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C F \$
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MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - SO  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 1 0 0 1 0 0 0 0	OC - E E \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI \$	ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 1.56 .00 .00 1.56 .00 .00	GE - C F \$
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MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0 1 0 0 0 1	CE/DENTAL RVICES FOR MN - SO  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0	- C EE	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .1.56 .00 .00 .00 .1.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$	ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	1Y M UNITS/DAY PER ELIC .000 .000 .000 .000 .000 .000 .019 .000 .000	MONT SS SS SS SS SS SS SS SS SS SS SS SS SS	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 1.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C F 당 당 당 당 당 당당당당
MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0 1 0 0 0 0 1	CE/DENTAL RVICES FOR MN - SO  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0	- C EE	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .1.56 .00 .00 .00 .1.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$	ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	MONT (S (S (S (S (S (S (S) (S) (S) (S) (S) (	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C F 당
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MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0 1 0 0 0 0 1	CE/DENTAL RVICES FOR MN - SO  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0	- C EE	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .1.56 .00 .00 .00 .1.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$	ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	MONT (S (S (S (S (S (S (S) (S) (S) (S) (S) (	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 1.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C F 당
MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - SO  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 1 0 0 1 0 0 0 0 0 1 1 0 0 0 1 1 0 1 1 0 1 1 0 1 1 0 1	- C EE	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .1.56 .00 .00 .00 .1.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$	ERAGE COST R UNIT/DAY	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	MONT (S (S (S (S (S (S (S) (S) (S) (S) (S) (	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 1.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C F 당
MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - SO  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 1 0 0 1 0 0 0 0 1 0 0 1 0 0 1 0 0 1 0 0 0 0 0 1	- C EE	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .1.56 .00 .00 .00 .1.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$	ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	MONT (S (S (S (S (S (S (S) (S) (S) (S) (S) (	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C F 당
MOP024 DEL NORTE COUNTY  53 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVIC SUMMARY OF SER USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - SO  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 1 0 0 1 0 0 0 1 0 0 1 0	- C EE	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI \$ \$	ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	MONT (S (S (S (S (S (S (S) (S) (S) (S) (S) (	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C F 당

TRANSITIONAL IP CARE       0       0       .00       .00       .00       .00         ALL OTHER ACCOM       0       0       .00       .00       .00       .00         ANCILLARIES       0       0       .00       .00       .00       .00         INPATIENT CROSSOVERS       6       0       3,176.98       .00       .00       .00         ALL OTHER INPATIENT       0       0       .00       .00       .00       .00         HOSP OUTPATIENT TOTAL       1       1       25.89       25.89       .019       25.89	
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	
INPATIENT CROSSOVERS       6       0       3,176.98       .00       .000       529.50         ALL OTHER INPATIENT       0       0       .00       .00       .00       .00         HOSP OUTPATIENT TOTAL       1       1       25.89       25.89       .019       25.89	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 1 1 25.89 25.89 .019 25.89	
HOSP OUTPATIENT TOTAL 1 1 25.89 25.89 .019 25.89	
MEDICAL 0 0 0 .00 .00 .00 .00 .00	
SURGERY 0 0 0 .00 .00 .00 .00 .00	
PATHOLOGY 0 0 .00 .00 .00 .00 .00	
RADIOLOGY 1 1 25.89 25.89 .019 25.89	
ROOM USE 0 0 .00 .00 .00 .00 .00	
CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00	
@COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 \$ .00	\$
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00	
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00	
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00	
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00	
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00	
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00	
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00	
CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	
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PATHOLOGY 0 0 .00 .00 .00 .00 .00	
RADIOLOGY 0 0 .00 .00 .00 .00 .00	
ROOM USE 0 0 .00 .00 .00 .00 .00	
CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024 FEE-FOR-SERVICE/DENTAL	
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y	
MONTHLY AVE	GE -

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C

53 ELIGIBLES

		OR DAYS OF CA	A P F		ויחם	R UNIT/DAY	DER ELTC		USER	E
@COMMUNITY HOSPITAL TOTAL	6	1	\$	3,202.87	\$	3202.87	.019		533.81	\$
COMM HOSP INPATIENT TOTAL	6	0	т	3,176.98	т	.00	.000	т	529.50	τ
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	6	0		3,176.98		.00	.000		529.50	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	1	1		25.89		25.89	.019		25.89	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	1	1		25.89		25.89	.019		25.89	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0								
	0	0	٠,	.00	\$	.00	.000	۲.	.00	<u>.</u>
@STATE HOSPITAL	0		\$	.00	Ą	.00	.000	\$	.00	\$
MENTALLY ILL	•	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0	4	.00	4	.00	.000	4	.00	À
@NURSING FACILITY	2	17	\$	3,403.60	\$	200.21	.321	\$	1701.80	\$
LEV A-INTERMEDIATE	•	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	2	17		3,403.60	4.	200.21	.321	4.	1701.80	4.
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	7	27	\$	1,668.19	\$	61.78	.509	\$	238.31	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	7	27		1,668.19		61.78	.509		238.31	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDIT	TURES	MONTH-OF-PAYMENT F	REPORT	r for Jan 2	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVIC	E/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MN -	SOC -	AGED	A	ID CODE 17	1Y			
							M	ONT	HLY AVERA	GE -
53 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVI	ERAGE COST				C
		OR DAYS OF CA	ARE			R UNIT/DAY	,		USER	
@ALL OTHER PROVIDERS	7	14		208.72	\$	14.91	.264		29.82	
DURABLE MED. EQUIP.	0	0	,	.00	-	.00	.000	•	.00	•

BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	1	4	33.25	8.31	.075	33.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	7	10	175.47	17.55	.189	25.07
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00 \$
@XOVER EXCLUDING STATE HOSP**	26	40 \$	5,766.87	\$ 144.17	.755	\$ 221.80 \$
@* TOTALS IN THESE LINES ARE GIVEN A	S A SEPARATE	INFORMATION ITEM ONLY:				

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

DED NORTE COUNTY	DOMINANT OF DERVI	ICED FOR MIN - DOC	- БПТИБ		AID	CODE	21				
							M	ONT	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDI	TURES	AVERAGE	COST	UNITS/DAY	S	COST PER	C	
		OR DAYS OF CARE			PER UNIT	r/DAy	PER ELIG		USER	E	
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		
OFFICE VISITS	0	0		.00		.00	.000		.00		
HOME VISITS	0	0		.00		.00	.000		.00		
EMERGENCY ROOM	0	0		.00		.00	.000		.00		
PREVENTIVE CARE	0	0		.00		.00	.000		.00		
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		
INPATIENT VISITS	0	0		.00		.00	.000		.00		
HOSPITAL VISITS	0	0		.00		.00	.000		.00		
CRITICAL CARE	0	0		.00		.00	.000		.00		
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		
EXAMINATIONS	0	0		.00		.00	.000		.00		
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
	0	0					
PATHOLOGY RADIOLOGY	0	0	.00	.00	.000	.00	
	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00 \$	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00 \$	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONT	TH-OF-PAYMENT REPORT	FOR JAN 20	05 THRU DEC	2005 PA	į
MOP024	FEE-FOR-SERVICE/DENTAI						
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR MN - SOC - BL	IND	AID CODE 2	7		

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST .000 \$ 0 0 .00 .00 .00 \$ DIAGNOSTIC AND ANC. PROCED .00 .00 .000 .00 EYE APPLIANCES .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 @CHIROPRACTOR 0 .00 .00 .000 \$ .00 .00 .000 VISITS .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST .00 .000 \$ .00 .00 .00 .000 MEDICINE/INJECTIONS .00 SURGERY/ANES. .000 .00 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER .00 .000 .00 .00 \$ @HOME HEALTH AGENCY .00 .000 \$ .00 .00 \$ .00 .000 \$ .00 NURSE ANESTHESIST .00 .000 \$ NURSE MIDWIFE .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$ .00 .00 .00

FAMILY NURSE PRACTITIONER

----- MONTHLY AVERAGE -

.000 \$

.00

@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00		.00	
ADMINISTRATIVE DAYS	0	0	.00	.00		.00	
TRANSITIONAL IP CARE	0	0	.00	.00		.00	
ALL OTHER ACCOM	0	0	.00	.00		.00	
ANCILLARIES	0	0	.00	.00		.00	
INPATIENT CROSSOVERS	0	0	.00	.00		.00	
	0	0					
ALL OTHER INPATIENT	0	0	.00	.00		.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00		.00	
MEDICAL	0	0	.00	.00		.00	
SURGERY	0	0	.00	.00		.00	
PATHOLOGY	0	0	.00	.00		.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00		.00	
ADMINISTRATIVE DAYS	0	0	.00	.00		.00	
TRANSITIONAL IP CARE	0	0	.00	.00		.00	
ALL OTHER ACCOM	0	0	.00	.00		.00	
ANCILLARIES	0	0	.00	.00		.00	
INPATIENT CROSSOVERS	0	0	.00	.00		.00	
ALL OTHER INPATIENT	0	0	.00	.00		.00	
	0	0					
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00		.00	
MEDICAL	0	0	.00	.00		.00	
SURGERY	0	0	.00	.00		.00	
PATHOLOGY	0	0	.00	.00		.00	
RADIOLOGY	0	0	.00	.00		.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JA	N 2005 THRU	DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DI	ENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICE	ES FOR MN - SOC -	- BLIND	AID CO	DE 27		
						ONTHLY AVERA	AGE -
00 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAY	S COST PER	C
	(	OR DAYS OF CARE		PER UNIT/I	AY PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00		.00	
HSC HOSPITALS	0	0	.00	.00		.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00		.00	
ACCOMMODATIONS	0	Ô	.00	.00		.00	
ADMINISTRATIVE DAYS	0	0	.00	.00		.00	
WDANGIWIONAT ID CADE	0	0	.00	.00		.00	

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TRANSITIONAL IP CARE

COMM HOSP OUTPATIENT TOTAL

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

ANCILLARIES

MEDICAL

SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	, 0	0		.00		.00	.000		.00	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	\$
MENTALLY ILL	0	0	٧	.00	۲	.00	.000	۲	.00	۲
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ċ	.00	\$
LEV A-INTERMEDIATE	0	0	٧	.00	٢	.00	.000	Y	.00	۲
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	÷ 0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś
ICF DDH	0	0	٣	.00	۲	.00	.000	4	.00	Υ
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	\$
HOSPITAL BASED	0	0	4	.00	т	.00	.000	-	.00	4
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	\$
HOSPITAL BASED	0	0	т	.00	7	.00	.000	-	.00	т.
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ġ
PATHOLOGY	0	0	'	.00	'	.00	.000	•	.00	'
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CLINIC	0	0		.00	•	.00	.000	•	.00	·
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU	RES MONTH-C	F-PAYMENT RE	PORT	FOR JAN 2005	THRU	DEC	2005	P#
MOP024	FEE-FOR-SERVICE/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MN - SO	OC - BLIND			AID CODE 27				

----- MONTHLY AVERAGE -

					1101111	
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER C USER F
@ALL OTHER PROVIDERS	0	OR DAIS OF CARE	.00	\$ .00	.000 \$	.00 \$
DURABLE MED. EQUIP.	0	0 3	.00	.00	.000 \$	.00 \$
BLOOD BANK	0	0				
	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 s	.00	\$ .00	.000 \$	.00 \$
@* TOTALS IN THESE LINES ARE GIVEN	I AS A SEPARA	ATE INFORMATION ITEM ONI		,		

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

D 1.01(12 0001(11	201111111 01 2211	0 _ 0 _ 0				V =				
						MC	NTI	HLY AVERA	GE -	
48 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	3 (	COST PER	C	
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG		USER	E	
@TOTAL, ALL PROVIDERS	116	1,076	\$	176,710.95	\$ 164.23	22.417	\$	1523.37	\$	
@PHYSICIANS SERVICES	49	285	\$	6,371.42	\$ 22.36	5.938	\$	130.03	\$	
OUTPATIENT VISITS	8	12		476.46	39.71	.250		59.56		
OFFICE VISITS	6	10		300.03	30.00	.208		50.01		
HOME VISITS	0	0		.00	.00	.000		.00		
EMERGENCY ROOM	2	2		176.43	88.22	.042		88.22		
PREVENTIVE CARE	0	0		.00	.00	.000		.00		
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		
OTHER OUTPATIENT	0	0		.00	.00	.000		.00		
INPATIENT VISITS	3	9		520.45	57.83	.188		173.48		
HOSPITAL VISITS	3	8		398.85	49.86	.167		132.95		
CRITICAL CARE	1	1		121.60	121.60	.021		121.60		
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	_	_									
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00	
EXAMINATIONS	0	0			.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00	
ASSISTANT SURGEON	0	0			.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00	
OUTPATIENT SURGERY	5	6			1,292.00		215.33	.125		258.40	
PRINCIPAL SURGEON	5	6			1,292.00		215.33	.125		258.40	
ASSISTANT SURGEON	0	0			.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00	
DIALYSIS	0	0			.00		.00	.000		.00	
PATHOLOGY	5	14			350.34		25.02	.292		70.07	
RADIOLOGY	27	62			1,895.68		30.58	1.292		70.21	
PSYCHIATRY	0	0			.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	3	143			1,083.98		7.58	2.979		361.33	
OTHER SERVICES/ALL X-OVERS	13	39			752.51		19.30	.813		57.89	
@PHARMACY	45	272	\$	5	58,399.54	\$		5.667	\$	1297.77	\$
PRESCRIPTION DRUGS	44	267	·		58,149.86		217.79	5.563	•	1321.59	·
SNF/ICF	2	11			301.10		27.37	.229		150.55	
OUTPATIENTS	42	256		5	57,848.76		225.97	5.333		1377.35	
MEDICAL SUPPLIES	3	5			249.68		49.94	.104		83.23	
@DENTIST	0	0	\$		.00		.00	.000	Ġ	.00	\$
VISITS - DIAGNOSTIC	0	0	'		.00		.00	.000		.00	'
ORAL SURGERY	0	0			.00		.00	.000		.00	
DRUGS	0	0			.00		.00	.000		.00	
ANESTHESIA	0	0			.00		.00	.000		.00	
PERIODONTICS	0	0			.00		.00	.000		.00	
ENDODONTICS	0	0			.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00	
PROSTHETICS	0	0			.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00	
SPACE MAINTAINERS	0	0			.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	Ō			.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00	
ALL OTHER SERVICES	0	0			.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES N	MONTH-OF-		EPORT			DEC		PΑ
MOP024	FEE-FOR-SERVICE/DENTAL		1.110 1.	.1014111 01			IOR OAN	2005 11110		2005	11.
DEL NORTE COUNTY	SUMMARY OF SERVICES FO		OC -	DTSARI.FT	חדב ר	CODEC	65 67 6V	W 67			
DDD HORED COOKIT	Sommer of Shivions IV	J10 1111 D			, ,,,,,		05 0, 01		ייוא	HLY AVERA	GE -
								, 14.	- O T N T		

48 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST 2 8 143.41 17.93 .167 \$ 71.71 \$ .042 DIAGNOSTIC AND ANC. PROCED 47.45 23.73 47.45 EYE APPLIANCES 95.96 15.99 .125 47.98 6 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 @CHIROPRACTOR 0 .00 .00 .000 \$ .00 VISITS 0 .00 .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 @PODIATRIST 0 .00 .00 .000 \$ .00 MEDICINE/INJECTIONS .00 .00 .000 .00 SURGERY/ANES. 0 .00 .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 OTHER .00 .00 .000 .00

SHOWE HEATEH ACENCY	1	-	ė.	220 57	۲.	CF 01	104	å 220 E7	<u>ب</u>
@HOME HEALTH AGENCY	2	5 12	ې خ	329.57	ې د	65.91	.104	•	
NURSE ANESTHESIST	2		ې خ	179.84	\$	14.99	.250	\$ 89.92	
NURSE MIDWIFE	0	0 0	Ş A	.00	Ş	.00	.000		
PEDIATRIC NURSE PRACTITIONER			Ş A	.00	Ş	.00	.000		
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000		
@TOTAL HOSPITAL	38	238	•	98,686.34		414.65		\$ 2597.01	
HOSP INPATIENT TOTAL	4	27	8	39,466.09		3313.56	.563	22366.52	
HSC HOSPITALS	0	0		.00		.00	.000	.00	
NON-HSC HOSPITAL TOTAL	3 3	27		38,890.86		3292.25	.563	29630.29	
ACCOMMODATIONS		27	2	26,720.00		989.63	.563	8906.67	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	
TRANSITIONAL IP CARE	0 3	0		.00		.00	.000	.00	
ALL OTHER ACCOM	3	27	2	26,720.00		989.63	.563	8906.67	
ANCILLARIES	3	0	6	52,170.86		.00	.000	20723.62	
INPATIENT CROSSOVERS	1	0		575.23		.00	.000	575.23	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	
HOSP OUTPATIENT TOTAL	35	211		9,220.25		43.70	4.396	263.44	
MEDICAL	17	38		2,500.48		65.80	.792	147.09	
SURGERY	4	6		310.84		51.81	.125	77.71	
PATHOLOGY	16	99		1,308.03		13.21	2.063	81.75	
RADIOLOGY	18	30		4,125.43		137.51	.625	229.19	
ROOM USE	11	19		725.82		38.20	.396	65.98	
CROSSOVERS/ALL OTH OUTPTNT	8	19		249.65		13.14	.396	31.21	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		\$
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	·	.00	.000	.00	
HSC HOSPITALS	0	0		.00		.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0 0 0 0		.00		.00	.000	.00	
ACCOMMODATIONS	0	0		.00		.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	
ANCILLARIES	0	0		.00		.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0 0 0 0		.00		.00	.000	.00	
MEDICAL	0	0		.00		.00	.000	.00	
SURGERY	0	0		.00		.00	.000	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	
RADIOLOGY	0	0		.00		.00	.000	.00	
ROOM USE	0	0		.00		.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	
#CALIF DEPT OF HEALTH SERV		-	RES MONTH-OF-		ZPORT				PΑ
MOP024	FEE-FOR-SERVICE/DENTAL		01		01.1	2011 0111	2000 111110		
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	NN - SC	C - DISABLEI	י עדע כ	CODES	65 67 6V	W 6Y		
222 1101112 0001111		50		_ 1110 \		33 07 01		ONTHIV AVER	AGE -

----- MONTHLY AVERAGE -USERS AVERAGE COST UNITS/DAYS COST PER 48 ELIGIBLES UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 238 4.958 \$ 2597.01 \$ @COMMUNITY HOSPITAL TOTAL 38 98,686.34 \$ 414.65 3313.56 22366.52 COMM HOSP INPATIENT TOTAL 4 27 89,466.09 .563 HSC HOSPITALS 0 0 .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL 27 88,890.86 3292.25 .563 29630.29 3 ACCOMMODATIONS 27 26,720.00 989.63 .563 8906.67 .00 ADMINISTRATIVE DAYS 0 0 .00 .000 .00 .00 TRANSITIONAL IP CARE 0 .00 .000 ALL OTHER ACCOM 27 26,720.00 989.63 .563 8906.67

ANCILLARIES	3	0		62,170.86		.00	.000		20723.62	
INPATIENT CROSSOVERS	1	0		575.23		.00	.000		575.23	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	35	211		9,220.25		43.70	4.396		263.44	
MEDICAL	17	38		2,500.48		65.80	.792		147.09	
SURGERY	4	6		310.84		51.81	.125		77.71	
PATHOLOGY	16	99		1,308.03		13.21	2.063		81.75	
	18	30								
RADIOLOGY				4,125.43		137.51	.625		229.19	
ROOM USE	11	19		725.82		38.20	.396		65.98	
CROSSOVERS/ALL OTH OUTPTNT	8	19		249.65		13.14	.396		31.21	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	1	6	\$	1,200.00	\$	200.00	.125	\$	1200.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	1	0		1,200.00		200.00	.125		1200.00	
	0	0	4		4			4		<b>A</b>
@INTERMEDIATE CARE FACILDD			\$	.00	\$	.00	.000	Ş	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	'	.00		.00	.000	'	.00	'
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	12	25	\$	500.84	\$	20.03	.521	Ċ	41.74	\$
PATHOLOGY	12	25	۲	500.84	Y	20.03	.521	Y	41.74	۲
XO AND OTHERS	0	0				.00	.000		.00	
	21		4	.00	4			4		<b>A</b>
@ORGANIZED OUTPATIENT CLINIC		31	Ş	3,396.83	\$	109.58	.646	Þ	161.75	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	21	31		3,396.83		109.58	.646		161.75	
#CALIF DEPT OF HEALTH SERV			TURES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2005 THRU	DEC	2005	PP
MOP024	FEE-FOR-SERVIC	E/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MN -	SOC -	DISABLED AID	CODES	65 67 6W	6Y			
							M	ONT	HLY AVERA	AGE -
48 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
· ·		OR DAYS OF CA					PER ELIG		USER	Ē
@ALL OTHER PROVIDERS	20	194	\$	7,503.16		38.68	4.042			_
DURABLE MED. EQUIP.	1	1	7	11.99	~	11.99	.021	٣	11.99	~
BLOOD BANK	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	C E
@ALL OTHER PROVIDERS	20	194 \$	7,503.16	\$ 38.68	4.042 \$	375.16	\$
DURABLE MED. EQUIP.	1	1	11.99	11.99	.021	11.99	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	7	141	4,714.72	33.44	2.938	673.53	
AMBULANCES/AIR TRANS	7	137	2,144.96	15.66	2.854	306.42	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	3	4	2,569.76	642.44	.083	856.59	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	

0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
4	10		102.05		10.21	.208		25.51	
1	23		343.39		14.93	.479		343.39	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
8	19		2,331.01		122.68	.396		291.38	
0	0	\$	.00	\$	.00	.000	\$	.00	\$
8	17	\$	774.91	\$	45.58	.354	\$	96.86	\$
	0 0 4 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 23 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 23 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0       0       .00         4       10       102.05         1       23       343.39         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00	0       0       .00         4       10       102.05         1       23       343.39         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00	0       0       .00       .00         4       10       102.05       10.21         1       23       343.39       14.93         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0	0       0       .00       .00       .000         4       10       102.05       10.21       .208         1       23       343.39       14.93       .479         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0 <td>0       0       .00       .00       .000         4       10       102.05       10.21       .208         1       23       343.39       14.93       .479         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0<td>0         0         .00         .00         .00         .00           4         10         102.05         10.21         .208         25.51           1         23         343.39         14.93         .479         343.39           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0</td></td>	0       0       .00       .00       .000         4       10       102.05       10.21       .208         1       23       343.39       14.93       .479         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0 <td>0         0         .00         .00         .00         .00           4         10         102.05         10.21         .208         25.51           1         23         343.39         14.93         .479         343.39           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0</td>	0         0         .00         .00         .00         .00           4         10         102.05         10.21         .208         25.51           1         23         343.39         14.93         .479         343.39           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

					010 010	<b>.</b>					
							Mo	ГИC	HLY AVERA	GE -	
97 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERA	AGE COST	UNITS/DAY	S	COST PER	C	
		OR DAYS OF CAR	E		PER U	JNIT/DAY	PER ELIG		USER	E	
@TOTAL, ALL PROVIDERS	151	609	\$	67,865.43	\$ 2	111.44	6.278	\$	449.44	\$	
@PHYSICIANS SERVICES	43	76	\$	5,530.96	\$	72.78	.784	\$	128.63	\$	
OUTPATIENT VISITS	5	5		227.91		45.58	.052		45.58		
OFFICE VISITS	5	5		227.91		45.58	.052		45.58		
HOME VISITS	0	0		.00		.00	.000		.00		
EMERGENCY ROOM	0	0		.00		.00	.000		.00		
PREVENTIVE CARE	0	0		.00		.00	.000		.00		
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		

OTHER OUTPATIENT	0	0		.00		.00	.000		.00	
INPATIENT VISITS	1	1		90.82		90.82	.010		90.82	
HOSPITAL VISITS	1	1		90.82		90.82	.010		90.82	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	2	3		2,013.07		671.02	.031		1006.54	
PRINCIPAL SURGEON	2	2		1,850.93		925.47	.021		925.47	
ASSISTANT SURGEON	1	1		162.14		162.14	.010		162.14	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	4	5		1,043.08		208.62	.052		260.77	
PRINCIPAL SURGEON	4	5		1,043.08		208.62	.052		260.77	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	4	5		146.74		29.35	.052		36.69	
RADIOLOGY	34	54		1,936.32		35.86	.557		56.95	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	2	3		73.02		24.34	.031		36.51	
@PHARMACY	25	64	\$	5,184.64	\$	81.01	.660	\$	207.39	\$
PRESCRIPTION DRUGS	25	64	•	5,184.64		81.01	.660		207.39	·
SNF/ICF	0	0		.00		.00	.000		.00	
OUTPATIENTS	25	64		5,184.64		81.01	.660		207.39	
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00	
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS - DIAGNOSTIC	0	0	•	.00	•	.00	.000	·	.00	·
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES										
	0 MEDI-CAL SERVICES AN	0		.00		.00	.000		.00	

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

							M	ONT:	HLY AVERA	GE -
97 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE	:		PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	4	17	\$	318.35	\$	18.73	.175	\$	79.59	\$
DIAGNOSTIC AND ANC. PROCED	4	8		189.80		23.73	.082		47.45	
EYE APPLIANCES	3	9		128.55		14.28	.093		42.85	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	

@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000		.00	\$
NURSE ANESTHESIST	3	22	\$	398.49	\$	18.11	.227	\$	132.83	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	66	294	\$	44,307.38	\$	150.71	3.031	\$	671.32	\$
HOSP INPATIENT TOTAL	5	8	·	33,538.43		4192.30	.082	•	6707.69	·
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	5	8		33,538.43		4192.30	.082		6707.69	
ACCOMMODATIONS	5	8		5,811.53		726.44	.082		1162.31	
ADMINISTRATIVE DAYS	5	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	5	8 0 0 8		5,811.53		726.44	.082		1162.31	
ANCILLARIES	5	0		27,726.90		.00	.000		5545.38	
INPATIENT CROSSOVERS	0	0		•						
	0			.00		.00	.000		.00	
ALL OTHER INPATIENT		0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	63	286		10,768.95		37.65	2.948		170.94	
MEDICAL	34	50		3,962.99		79.26	.515		116.56	
SURGERY	5	7		374.55		53.51	.072		74.91	
PATHOLOGY	24	88		908.64		10.33	.907		37.86	
RADIOLOGY	35	42		3,259.18		77.60	.433		93.12	
ROOM USE	32 24	43		1,492.62		34.71	.443		46.64	
CROSSOVERS/ALL OTH OUTPTNT	24	56		770.97		13.77	.577		32.12	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	Ō		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	Ö		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
	0	0		.00						
ROOM USE						.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	D~	.00	D.7
#CALIF DEPT OF HEALTH SERV			KES N	MONTH-OF-PAYMENT REI	PORT	FOR JAN	2005 THRU	DEC	2005	P.P.
MOP024	FEE-FOR-SERVICE/DENTAL		. ~							
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	R MN - SO	)C -	FAMILIES AID CODE	oR 6	K 37				
							M	ONT	HLY AVERA	GE -

MONTHLY AVERAGE -AVERAGE COST UNITS/DAYS COST PER 97 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 671.32 \$ 294 \$ 3.031 \$ @COMMUNITY HOSPITAL TOTAL 66 44,307.38 \$ 150.71 5 33,538.43 4192.30 .082 6707.69 COMM HOSP INPATIENT TOTAL 8 HSC HOSPITALS 0 .000 .00 .00 .00

NON-HSC HOSPITALS TOTAL	5	8		33,538.43		4192.30	.082		6707.69	
ACCOMMODATIONS	5	8		5,811.53		726.44	.082		1162.31	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	5	8		5,811.53		726.44	.082		1162.31	
ANCILLARIES	5	0		27,726.90		.00	.000		5545.38	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	63	286		10,768.95		37.65	2.948		170.94	
MEDICAL	34	50		3,962.99		79.26	.515		116.56	
SURGERY	5	7		374.55		53.51	.072		74.91	
PATHOLOGY	24	88		908.64		10.33	.907		37.86	
RADIOLOGY	35	42		3,259.18		77.60	.433		93.12	
ROOM USE	32	43		1,492.62		34.71	.443		46.64	
CROSSOVERS/ALL OTH OUTPTNT		56		770.97		13.77	.577		32.12	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ġ	.00	\$
MENTALLY ILL	0	0	٦	.00	ې	.00	.000	ې	.00	Ą
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	ċ	.00	.000	Ċ	.00	\$
LEV A-INTERMEDIATE	0	0	٦	.00	ې	.00	.000	ې	.00	Ą
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
	0	0								
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0	4	.00	4	.00	.000	4	.00	4
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ş	.00	\$
ICF DDH	0	•		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ş	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	4.	.00		.00	.000		.00	4.
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	16	46	\$	846.55	\$	18.40	.474	\$	52.91	\$
PATHOLOGY	16	46		846.55		18.40	.474		52.91	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	53	72	\$	10,811.48	\$	150.16	.742	\$	203.99	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	53	72		10,811.48		150.16	.742		203.99	
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND EFEE-FOR-SERVICE/DENTAL	EXPENDITU	JRES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2005 THRU	DEC	2005	PA
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	R MN - S	SOC -	FAMILIES AID CODE	5R 6	R 37				
							N	יייות	μτ.ν λιπολ	CF -

----- MONTHLY AVERAGE -97 ELIGIBLES USERS UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @ALL OTHER PROVIDERS 18 467.58 25.98 .186 \$ 66.80 \$ DURABLE MED. EQUIP. 0 0 .00 .000 .00 .00 BLOOD BANK 0 .00 .00 .000 .00 HEARING AID DISPENSERS 0 .00 .000 .00 .00 MEDICAL TRANSPORTATION 5 265.90 53.18 .052 132.95 5 AMBULANCES/AIR TRANS 265.90 53.18 .052 132.95

OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	6	49.92	8.32	.062	16.64	
PHYSICAL THERAPIST	1	6	145.65	24.28	.062	145.65	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	1	1	6.11	6.11	.010	6.11	
@CALIF. CHILDREN SERVICES*	1	2 \$	1,131.03	\$ 565.52	.021	\$ 1131.03	\$
@XOVER EXCLUDING STATE HOSP**	1	1 \$	6.11	\$ 6.11	.010	\$ 6.11	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

DEL NORTE COUNTI	DOMINANT OF DER	VICES FOR MIN - SOC -	IOIAL				
					MON	THLY AVERA	GE -
198 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	363	2,067 \$	281,520.45	\$ 136.20	10.439 \$	775.54	\$
@PHYSICIANS SERVICES	104	392 \$	12,518.43	\$ 31.93	1.980 \$	120.37	\$
OUTPATIENT VISITS	13	17	704.37	41.43	.086	54.18	
OFFICE VISITS	11	15	527.94	35.20	.076	47.99	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	2	2	176.43	88.22	.010	88.22	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	4	10	611.27	61.13	.051	152.82	
HOSPITAL VISITS	4	9	489.67	54.41	.045	122.42	
CRITICAL CARE	1	1	121.60	121.60	.005	121.60	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	2	3	2,013.07	671.02	.015	1006.54	
PRINCIPAL SURGEON	2	2	1,850.93	925.47	.010	925.47	
ASSISTANT SURGEON	1	1	162.14	162.14	.005	162.14	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	9	11	2,335.08	212.28	.056	259.45	
PRINCIPAL SURGEON	9	11	2,335.08	212.28	.056	259.45	

ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	9	19		497.08		26.16	.096		55.23	
RADIOLOGY	61	116		3,832.00		33.03	.586		62.82	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	3	143		1,083.98		7.58	.722		361.33	
OTHER SERVICES/ALL X-OVERS	27	73		1,441.58		19.75	.369		53.39	
@PHARMACY	132	625	\$	91,360.26	\$	146.18	3.157	\$	692.12	\$
PRESCRIPTION DRUGS	128	606		90,890.32		149.98	3.061		710.08	
SNF/ICF	5	40		1,456.31		36.41	.202		291.26	
OUTPATIENTS	124	566		89,434.01		158.01	2.859		721.24	
MEDICAL SUPPLIES	7	19		469.94		24.73	.096		67.13	
@DENTIST	1	2	\$	67.00	\$	33.50	.010	\$	67.00	\$
VISITS - DIAGNOSTIC	1	1		10.00		10.00	.005		10.00	
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	1	1		57.00		57.00	.005		57.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES MONTH	I-OF-PAYMENT RE	EPORT	FOR JAN	2005 THRU	DEC	2005	PΑ
MOP024	FEE-FOR-SERVICE/DENT									
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MN - S	OC - TOTA	·Γ						

OR DAYS OF CARE

25 \$

10

198 ELIGIBLES

DIAGNOSTIC AND ANC. PROCED

@OPTOMETRIST

USERS

6

5

----- MONTHLY AVERAGE -

USER

PER UNIT/DAY PER ELIG

461.76 \$ 18.47 .126 \$ 76.96 \$ 237.25 23.73 .051 47.45

UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C

EYE APPLIANCES	5	15		224.51		14.97	.076		44.90	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	1	1	\$	1.56	\$	1.56	.005	\$	1.56	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	1	1		1.56		1.56	.005		1.56	
@HOME HEALTH AGENCY	1	5	\$	329.57	\$	65.91	.025	\$	329.57	\$
NURSE ANESTHESIST	5	34	\$	578.33	\$	17.01	.172		115.67	\$
NURSE MIDWIFE	0	0	Ė	.00	Ė	.00	.000		.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	Ė	.00	.000		.00	\$
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00		\$	.00	\$
@TOTAL HOSPITAL	110	533	Š	146,196.59	Š	274.29			1329.06	Š
HOSP INPATIENT TOTAL	15	35	۲	126,181.50	Ψ.	3605.19	.177	4	8412.10	۲
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	Q	35		122,429.29		3497.98	.177	1	L5303.66	
ACCOMMODATIONS	Q	35		32,531.53		929.47	.177		4066.44	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
	0	0								
TRANSITIONAL IP CARE	8	-		.00		.00	.000		.00	
ALL OTHER ACCOM	8 8	35		32,531.53		929.47	.177		4066.44	
ANCILLARIES	8 7	0		89,897.76		.00	.000	1	L1237.22	
INPATIENT CROSSOVERS		0		3,752.21		.00	.000		536.03	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	99	498		20,015.09		40.19	2.515		202.17	
MEDICAL	51	88		6,463.47		73.45	.444		126.73	
SURGERY	9	13		685.39		52.72	.066		76.15	
PATHOLOGY	40	187		2,216.67		11.85	.944		55.42	
RADIOLOGY	54	73		7,410.50		101.51	.369		137.23	
ROOM USE	43	62		2,218.44		35.78	.313		51.59	
CROSSOVERS/ALL OTH OUTPTNT	32	75		1,020.62		13.61	.379		31.89	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
	MEDI-CAL SERVICES AND		RES MO		EPOR			DEC		PA
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FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - TOTAL

MOP024

DEL NORTE COUNTY

----- MONTHLY AVERAGE -

198 ELIGIBLES	USERS	UNITS OF SERVI OR DAYS OF CA		EXPENDITURES			UNITS/DAY PER ELIG		COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	110	533	\$	146,196.59		274.29			1329.06	\$
COMM HOSP INPATIENT TOTAL	15	35	Y	126,181.50	Y	3605.19	.177	۲	8412.10	۲
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	35		122,429.29		3497.98	.177		15303.66	
	8									
ACCOMMODATIONS	8 0	35		32,531.53		929.47	.177		4066.44	
ADMINISTRATIVE DAYS		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	8 8	35		32,531.53		929.47	.177		4066.44	
ANCILLARIES	8	0		89,897.76		.00	.000		11237.22	
INPATIENT CROSSOVERS	7	0		3,752.21		.00	.000		536.03	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	99	498		20,015.09		40.19	2.515		202.17	
MEDICAL	51	88		6,463.47		73.45	.444		126.73	
SURGERY	9	13		685.39		52.72	.066		76.15	
PATHOLOGY	40	187		2,216.67		11.85	.944		55.42	
RADIOLOGY	54	73		7,410.50		101.51	.369		137.23	
ROOM USE	43	62		2,218.44		35.78	.313		51.59	
CROSSOVERS/ALL OTH OUTPTNT	32	75		1,020.62		13.61	.379		31.89	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	\$
MENTALLY ILL	0	0	7	.00	т.	.00	.000	т	.00	т
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	3	23	\$	4,603.60	Ś	200.16	.116	\$	1534.53	\$
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Y	.00	۲
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00	
	0	0		.00					.00	
LEV B-SUBACUTE HSPTL BASED	0	0				.00	.000			
LEV B-TRANSITIONAL IP CARE	0 3			.00		.00	.000		.00	
LEV B-REGULAR	3	23		4,603.60		200.16	.116		1534.53	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ş	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	28	71	\$	1,347.39	\$	18.98	.359	\$	48.12	\$
PATHOLOGY	28	71		1,347.39		18.98	.359		48.12	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	81	130	\$	15,876.50	\$	122.13	.657	\$	196.01	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00			.00	
RURAL HEALTH CLINIC	81			15,876.50		122.13	.657			
#CALIF DEPT OF HEALTH SERV										P.A
	FEE-FOR-SERVIC		01120	01 11						
DEL NORTE COUNTY		VICES FOR MN -	SOC -	- Τ <u>Ο</u> ΤΔΙ.						
222 1101112 0001111	2311111CT OT DEIN	0 1 010 1110	200				M	ОИТ	HIV AVERA	GE -
198 ELIGIBLES	USERS	UNITS OF SERVI	CE.	EXPENDITURES	<b>∆</b> 177⊑	RAGE COST				C
170 5515155	COLLICO	OR DAYS OF CA		LAI LIDI I OKED			PER ELIG			
@ALL OTHER PROVIDERS	34	226		8,179.46	\$					
GITTO OTHER TROVIDERO	J±	220	ų	0,175.40	ų	50.15	T.T.T.	ٻ	240.57	۲

DIDADIE MED EQUID	1	1	11.99	11.99	.005	11.99
DURABLE MED. EQUIP. BLOOD BANK	1	1	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	146	4,980.62	34.11	.737	553.40
	9	142	•			267.87
AMBULANCES/AIR TRANS	9	142	2,410.86	16.98	.717	
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	3	4	2,569.76	642.44	.020	856.59
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	8	20	185.22	9.26	.101	23.15
PHYSICAL THERAPIST	2	29	489.04	16.86	.146	244.52
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	16	30	2,512.59	83.75	.152	157.04
@CALIF. CHILDREN SERVICES*	1	2 \$		\$ 565.52	.010	
@XOVER EXCLUDING STATE HOSP**	35	58 \$	6,547.89	\$ 112.89	.293	\$ 187.08 \$
or momera an minor range are carre		T110001470111011 T0014 0	.,.,.			

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 P
MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

						MOI	NTHLY AVERA	AGE -
548 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CAR	3		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	654	22,890	\$	1,786,472.04	\$ 78.05	41.770	\$ 2731.61	\$
@PHYSICIANS SERVICES	68	149	\$	2,307.50	\$ 15.49	.272	\$ 33.93	\$
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	
OFFICE VISITS	0	0		.00	.00	.000	.00	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	1	1		27.50	27.50	.002	27.50	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	1	1		27.50	27.50	.002	27.50	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
	0	0							.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000			
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
	67									
OTHER SERVICES/ALL X-OVERS		148	_	2,280.00		15.41	.270		34.03	_
@PHARMACY	511	,	\$	256,213.08	Ş	62.78	7.447	Ş	501.40	Ş
PRESCRIPTION DRUGS	506	4,040		254,473.77		62.99	7.372		502.91	
SNF/ICF	490	3,870		257,429.15		66.52	7.062		525.37	
OUTPATIENTS	17	170		2,955.38CR		17.38CR	.310		173.85C	lR.
MEDICAL SUPPLIES	22	41		1,739.31		42.42	.075		79.06	
@DENTIST	4		\$	151.00	\$	12.58	.022	\$	37.75	\$
VISITS - DIAGNOSTIC	3	11	Υ	106.00	۲	9.64	.020	٧	35.33	٧
	0									
ORAL SURGERY	-	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	1	1		45.00		45.00	.002		45.00	
,	<u></u>	1								
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	1	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURE	S MONT	H-OF-PAYMENT RE	PORT	FOR JAN 2	2005 THRU	DEC	2005	PΑ
MOP024	FEE-FOR-SERVICE/DEN									
DEL NORTE COUNTY	SUMMARY OF SERVICES		TERN	I CARE - AGED		AID CODE	13			
DDD NORTH COUNTY	BOTHLING OF BLICVICES	o i on the bole	5 111111	CIME HOLD		THE CODE	M	יידוא∩	עד.ע אוודםא	CF -
E40 ELTCIDIEC	HCEDC IINI	ITS OF SERVICE		EADEMDIMIDEC	7/ 7/ 7/ 7/		UNITS/DAY			C 250.
548 ELIGIBLES				EXPENDITURES					COST PER	
		R DAYS OF CARE				UNIT/DAY			USER	E
@OPTOMETRIST	0		\$	.00	\$	.00	.000	Ş	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00	
EYE APPLIANCES	0	0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0	Υ	.00	Ψ	.00	.000	۲	.00	Υ
OTHER SERVICES	0	0	4	.00	4	.00	.000	4	.00	à
@PODIATRIST	6		\$	215.93	\$	23.99	.016	\$	35.99	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	6	9		215.93		23.99	.016		35.99	
@HOME HEALTH AGENCY	0		\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	•	\$	.00	Š	.00	.000	Š	.00	Š
NURSE MIDWIFE	0			.00	Ġ	.00	.000	Ģ Y	.00	\$
PEDIATRIC NURSE PRACTITIONER	·	0	\$		ب ب			بې		:
PROTATETO NURSE PRACTITIONER	. U	U	\$	.00	Þ	.00	.000	Þ	.00	\$

FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	48	144	\$ 8,626.89	\$ 59.91	.263	\$ 179.73	\$
HOSP INPATIENT TOTAL	8	0	6,625.88	.00	.000	828.24	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	8	0	6,625.88	.00	.000	828.24	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	46	144	2,001.01	13.90	.263	43.50	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	46	144	2,001.01	13.90	.263	43.50	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

DEL NORTE COUNTY	SUMMARY OF SERVIC	ES FOR MN - LONG	TERM CARE - AGED		AID CODE	13		
						MC	NTHLY AVE	RAGE -
548 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	R C
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	48	144 \$	8,626.89	\$	59.91	.263	\$ 179.73	3 \$
COMM HOSP INPATIENT TOTAL	8	0	6,625.88	'	.00	.000	828.24	
HSC HOSPITALS	0	0	.00		.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	
ACCOMMODATIONS	0	0	.00		.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	
	0	0	.00		.00	.000	.00	
ANCILLARIES	0	0						
INPATIENT CROSSOVERS	0	0	6,625.88		.00	.000	828.24	
ALL OTHER INPATIENT			.00		.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	46	144	2,001.01		13.90	.263	43.50	
MEDICAL	0	0	.00		.00	.000	.00	
SURGERY	0	0	.00		.00	.000	.00	
PATHOLOGY	0	0	.00		.00	.000	.00	
RADIOLOGY	0	0	.00		.00	.000	.00	)
ROOM USE	0	0	.00		.00	.000	.00	)
CROSSOVERS/ALL OTH OUTPTNT		144	2,001.01		13.90	.263	43.50	)
@STATE HOSPITAL	0	0 \$	.00	\$	.00	.000	\$ .00	) \$
MENTALLY ILL	0	0	.00		.00	.000	.00	)
DEVELOP. DISABLED	0	0	.00		.00	.000	.00	
@NURSING FACILITY	499	12,907 \$	1,498,383.12	\$	116.09	23.553	\$ 3002.7	7 \$
LEV A-INTERMEDIATE	0	, 0	.00		.00	.000	.00	) '
LEV B-REHAB MD	0	0	.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	
LEV B-REGULAR	499	12,907	1,498,383.12		116.09	23.553	3002.7	
@INTERMEDIATE CARE FACILDD	0	0 \$		\$	.00		\$ .00	
ICF DDH	0	0 9	.00	ų	.00	.000	.00	
ICF DDA	0	0	.00		.00	.000	.00	
	0	0	.00			.000		
ICF DDN/DDCN	0			۲.	.00		.00	
@HEMODIALYSIS TOTAL	0	0 \$ 0		\$	.00		\$ .00	
HOSPITAL BASED	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0 \$		\$	.00		\$ .00	
HOSPITAL BASED	0	0	.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000	.00	
@LABORATORY FACILITY	0	0 \$		\$	.00		\$ .00	
PATHOLOGY	0	0	.00		.00	.000	.00	)
XO AND OTHERS	0	0	.00		.00	.000	.00	)
@ORGANIZED OUTPATIENT CLINIC	10	54 \$	1,440.84	\$	26.68	.099	\$ 144.08	3 \$
CLINIC	0	0	.00		.00	.000	.00	
SURGICENTER	0	0	.00		.00	.000	.00	)
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	0
RURAL HEALTH CLINIC	10	54	1,440.84		26.68	.099	144.08	3
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2005 THRU D	EC 2005	PA

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

DEL NORTE COONTT	DOMINANT OF DERV	TCES LOK MM - TO	NG TEIGH	CARE - AGED	AID CODE	13		
						MON	THLY AVERA	AGE -
548 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	61	5,534	\$	19,133.68	\$ 3.46	10.099 \$	313.67	\$
DURABLE MED. EQUIP.	12	662		16,171.32	24.43	1.208	1347.61	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	14	66		601.64	9.12	.120	42.97	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	14	66		601.64	9.12	.120	42.97	
OTHER SERVICES	0	0		.00	.00	.000	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	11	26		305.73	11.76	.047	27.79	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	1	2		.16	.08	.004	.16	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	1	1		125.00	125.00	.002	125.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	23	4,777		1,929.83	.40	8.717	83.91	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00	\$
@XOVER EXCLUDING STATE HOSP**	158	4,532	\$	47,681.57	\$ 10.52	8.270 \$	301.78	\$
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR		TEM ONLY	:		·		•

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

DEL NORTE COUNTT	SOMMAKI OF SERVICES FOR	MIN - HOING	TEIGH CARE - DITIND	AID CODE	23		
					MON'	THLY AVERA	GE -
00 ELIGIBLES	USERS UNITS OF	F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
	OR DAYS	S OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
	0	0				
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	Û	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
	0	· ·				
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00 \$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00 \$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
	0	0				
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
	0	0				
ALL OTHER SERVICES	0	-	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV		ND EXPENDITURES MONTH	H-OF-PAYMENT REPO	RT FOR JAN 2	2005 THRU DEC	2005 PA
MOP024	FEE-FOR-SERVICE/DEN					
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MN - LONG TERM	CARE - BLIND	AID CODE		
					MONTH	HLY AVERAGE -
00 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES A	VERAGE COST	UNITS/DAYS C	COST PER C
	OR	DAYS OF CARE	P	ER UNIT/DAY	PER ELIG	USER E
@OPTOMETRIST	0	0 \$	.00 \$	.00	.000 \$	.00 \$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0			.00		
	0	· · ·	•		· ·	.00 \$
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	Ü	0	.00	.00	.000	.00
@PODIATRIST	0	0 \$	.00 \$	.00	.000 \$	.00 \$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
·						

OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
	MEDI-CAL SERVICES AND						١
· · · · · · · · · · · · · · · · · · ·	FEE-FOR-SERVICE/DENTA		III OF TAIMENT KEI	ORT FOR OAN 2	.005 TIMO DEC	2005	
DEL NORTE COUNTY	SUMMARY OF SERVICES F		M CARE - BLIND	AID CODE	23		
DEE NOICIE COONTI	BOTTHICE OF BEICVICES I	OR THE LONG TERM	TOTAL BEIND	THE CODE	MONT	HIV AMERACE -	
00 ELIGIBLES	USERS UNITS	S OF SERVICE	EXPENDITURES	AVERAGE COST			-
00 HHIGIBHHS		DAYS OF CARE	EXTENDITORES	PER UNIT/DAY		USER E	
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
COMM HOSP INPATIENT TOTAL	0	0 9	.00	.00	.000 \$	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TONICITIONNI ID CADE	0	0	.00	.00	.000	.00	

TRANSITIONAL IP CARE

.00

.000

.00

.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$	.00 \$
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00 \$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000 \$	.00 \$
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000 \$	.00 \$
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00 \$
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00 \$
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000 \$	.00 \$
CLINIC	0	0	.00	.00	.000	.00

SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	5 THRU D	EC 2005

PA

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

DEL NORTE COUNTT	DOMINAKT OF DEKY	TCES FOR FIN - HONG TER	M CHILL - DITIND	AID CODE	43		
					MON'	THLY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$
®★ TOTATO THE THEOR TIMES ADD	CTUENT AC A CEDAD	איים דאום אייד או דיים או איים או	rv.				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

							IVI	OM.I	HLY AVERA	.GE -	
42 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C	
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER	E	
@TOTAL, ALL PROVIDERS	68	1,839	\$	160,839.93	\$	87.46	43.786	\$	2365.29	\$	
@PHYSICIANS SERVICES	10	10	\$	337.02	\$	33.70	.238	\$	33.70	\$	
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		
OFFICE VISITS	0	0		.00		.00	.000		.00		
HOME VISITS	0	0		.00		.00	.000		.00		
EMERGENCY ROOM	0	0		.00		.00	.000		.00		
PREVENTIVE CARE	0	0		.00		.00	.000		.00		

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	1	1	40.00	40.00	.024	40.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	1	1	40.00	40.00	.024	40.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
	1	1	59.05	59.05	.024	59.05	
RADIOLOGY PSYCHIATRY	1	0	.00	.00			
	0	0			.000	.00	
IMMUNIZATION AND INJECTION	0	·	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	8	8	237.97	29.75	.190	29.75	à
@PHARMACY	50	373 \$	43,014.23	\$ 115.32	8.881 \$	860.28	\$
PRESCRIPTION DRUGS	49	366	42,819.86	116.99	8.714	873.87	
SNF/ICF	41	321	38,110.21	118.72	7.643	929.52	
OUTPATIENTS	8	45	4,709.65	104.66	1.071	588.71	
MEDICAL SUPPLIES	4	7	194.37	27.77	.167	48.59	_
@DENTIST	1	1 \$	50.00	\$ 50.00	.024 \$	50.00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	1	1	50.00	50.00	.024	50.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2005 THRU DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DEN	ITAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MN - LONG '	TERM CARE - DISABLE	ED AID CODE	63		
					MONT	HLY AVERA	AGE -
42 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
	OH	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@OPTOMETRIST	1	3 \$	53.11	\$ 17.70	.071 \$	53.11	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	1	3	53.11	17.70	.071	53.11	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	1	1 \$	16.72	\$ 16.72	.024 \$	16.72	\$
VISITS	0	0	.00	.00	.000	.00	
	ŭ	•	. 3 0				

OTHER SERVICES	1	1			16.72		16.72	.024		16.72	
@PODIATRIST	0	0	\$		.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0			.00	'	.00	.000	'	.00	'
SURGERY/ANES.	0	0			.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0			.00		.00	.000		.00	
·	0										
OTHER	<u> </u>	0			.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$		.00	Ş	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$		.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$		.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$		.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$		.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	12	52	Ė		3,024.64	Ė	58.17	1.238	\$	252.05	\$
HOSP INPATIENT TOTAL	2	0			1,824.00	'	.00	.000	'	912.00	'
HSC HOSPITALS	0	0			.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0			.00		.00	.000		.00	
ACCOMMODATIONS	0	0			.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00	
ALL OTHER ACCOM	0	0			.00		.00	.000		.00	
ANCILLARIES	0	0			.00		.00	.000		.00	
INPATIENT CROSSOVERS	2	0			1,824.00		.00	.000		912.00	
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	12	52			1,200.64		23.09	1.238		100.05	
MEDICAL	2	2			166.31		83.16	.048		83.16	
SURGERY	2	2			143.82		71.91	.048		71.91	
PATHOLOGY	4	25			333.60		13.34	.595		83.40	
RADIOLOGY	1	1			197.65		197.65	.024		197.65	
	3										
ROOM USE		3			117.80		39.27	.071		39.27	
CROSSOVERS/ALL OTH OUTPTNT		19	4.		241.46	4.	12.71	.452		26.83	4.
@COUNTY HOSPITAL TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.000		.00	
HSC HOSPITALS	0	0			.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00	
ACCOMMODATIONS	0	0			.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00	
ALL OTHER ACCOM	0	0			.00		.00	.000		.00	
ANCILLARIES	0	0			.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00	
	G										
MEDICAL	0	0			.00		.00	.000		.00	
SURGERY	0	0			.00		.00	.000		.00	
PATHOLOGY	0	0			.00		.00	.000		.00	
RADIOLOGY	0	0			.00		.00	.000		.00	
ROOM USE	0	0			.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT		0			.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU	RES	MONTH-OF	-PAYMENT RE	PORT	FOR JAN 2	005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL										
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MN - L	ONG	TERM CAR	RE - DISABLE	D	AID CODE	63			
<del></del>		_	-					Mo	ОИТН	LY AVERA	GE -
42 ELIGIBLES	USERS UNITS O	F SERVIC	E	EXE	PENDITURES	ΔVF	RAGE COST			OST PER	C
12 31101010		S OF CAR		L-251			UNIT/DAY			USER	E
@COMMUNITY HOSPITAL TOTAL	12	5 OF CAR 52	\$		3,024.64	\$	58.17	1.238		252.05	
COMM HOSP INPATIENT TOTAL	2	0	ې		•	ې	.00	.000	ې	912.00	ې
COMM HOSE INPATTENT TOTAL	2	U			1,824.00		.00	.000		J14.00	

HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		1,824.00		.00	.000		912.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	12	52		1,200.64		23.09	1.238		100.05	
MEDICAL	2	2		166.31		83.16	.048		83.16	
SURGERY	2	2		143.82		71.91	.048		71.91	
PATHOLOGY	4	25		333.60		13.34	.595		83.40	
RADIOLOGY	1	1		197.65		197.65	.024		197.65	
ROOM USE	3	3		117.80		39.27	.024		39.27	
		19								
CROSSOVERS/ALL OTH OUTPTNT	0	0	٠,	241.46	۲.	12.71	.452	۲.	26.83	۲.
@STATE HOSPITAL MENTALLY ILL	0		\$	.00	\$	.00	.000	\$	.00	\$
	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	40	0	<b>~</b>	.00	d	.00	.000	<b>~</b>	.00	Ċ
@NURSING FACILITY		998	\$	112,515.74	\$	112.74	23.762	\$	2812.89	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	40	998	_	112,515.74	_	112.74	23.762		2812.89	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00	4.	.00	.000		.00	4.
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	2	8	\$	104.93	\$	13.12	.190	\$	52.47	\$
PATHOLOGY	2	8		104.93		13.12	.190		52.47	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	7	16	\$	798.00	\$	49.88	.381	\$	114.00	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	7	16		798.00		49.88	.381		114.00	
#CALIF DEPT OF HEALTH SERV			URES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVIC	E/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR MN -	LONG	TERM CARE - DISABLE	ED	AID CODE				
							M			
42 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CA	RE		PER	UNIT/DAY	PER ELIG		USER	
@ALL OTHER PROVIDERS	10	377	\$	925.54	\$	2.46		\$		\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		. 00	. 000		. 0.0	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	8	371		870.99		2.35	8.833		108.87	

AMBULANCES/AIR TRANS	4	11	306.05	27.82	.262	76.51	
OTHER TRANS	4	360	564.94	1.57	8.571	141.24	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1	4	33.25	8.31	.095	33.25	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	2	2	21.30	10.65	.048	10.65	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	13	24 \$	2,299.65	\$ 95.82	.571	\$ 176.90	\$
@* TOTALS IN THESE LINES ARE GIVEN A	S A SEPARATE	INFORMATION ITEM ONLY:					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 P
MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

						MON	THLY AVERA	AGE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$	.00	.000 \$	.00	\$
@PHYSICIANS SERVICES	0	0 \$	. 00	Ś	. 00	.000 \$	. 00	Ś

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0			.00		.00	.000	. (	0.0
OFFICE VISITS	0	0			.00		.00	.000	. (	0.0
HOME VISITS	0	0			.00		.00	.000	. (	0.0
EMERGENCY ROOM	0	0			.00		.00	.000		0.0
PREVENTIVE CARE	0	0			.00		.00	.000		00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		00
OTHER OUTPATIENT	0	0			.00		.00	.000		00
INPATIENT VISITS	0	0			.00		.00	.000		00
	0	0								
HOSPITAL VISITS	0	0			.00		.00	.000		0.0
CRITICAL CARE	0	0			.00		.00	.000		0.0
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		0.0
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		00
EXAMINATIONS	0	0			.00		.00	.000		0.0
SERVICES AND MATERIALS	0	0			.00		.00	.000		0.0
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000	. (	0.0
PRINCIPAL SURGEON	0	0			.00		.00	.000	. (	0 0
ASSISTANT SURGEON	0	0			.00		.00	.000	. (	0.0
ANESTHESIOLOGIST	0	0			.00		.00	.000		0.0
OUTPATIENT SURGERY	0	0			.00		.00	.000		0.0
PRINCIPAL SURGEON	0	0			.00		.00	.000		00
ASSISTANT SURGEON	0	0			.00		.00	.000		00
ANESTHESIOLOGIST	0	0			.00		.00	.000		00
DIALYSIS	0	0			.00		.00	.000		00
PATHOLOGY	0	0			.00		.00	.000		00
	0	0								
RADIOLOGY	0	0			.00		.00	.000		0.0
PSYCHIATRY	0	0			.00		.00	.000		0.0
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		00
PHARMACY	0	0	\$		.00	\$	.00	.000		00 \$
PRESCRIPTION DRUGS	0	0			.00		.00	.000		0 0
SNF/ICF	0	0			.00		.00	.000	. (	0.0
OUTPATIENTS	0	0			.00		.00	.000	. (	0.0
MEDICAL SUPPLIES	0	0			.00		.00	.000	. (	0.0
DENTIST	0	0	\$		.00	\$	.00	.000	\$ .0	00 \$
VISITS - DIAGNOSTIC	0	0	·		.00	•	.00	.000	•	00
ORAL SURGERY	0	0			.00		.00	.000		0.0
DRUGS	0	0			.00		.00	.000		00
ANESTHESIA	0	0			.00		.00	.000		00
PERIODONTICS	0	0			.00		.00	.000		00
ENDODONTICS	0	0			.00		.00	.000		00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		00
PROSTHETICS	0	0								
	U	0			.00		.00	.000		00
DENTURES, STAYPLATES	0	0			.00		.00	.000		00
SPACE MAINTAINERS	0	0			.00		.00	.000		0.0
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		0.0
ALL OTHER SERVICES	0	0			.00		.00	.000	. (	0.0
CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	JRES MO	ONTH-OF-PA	YMENT RI	EPORT :	FOR JAN 2	005 THRU	DEC 2005	F
	FEE-FOR-SERVICE									
DEL NORTE COUNTY	SUMMARY OF SERV		LONG TI	ERM CARE -	FAMILIE	ES D	ISCONTINU	JED		
<del></del>									ONTHLY AVI	ERAGE
AA BITGIBIBG	Hanna	UNITS OF SERVI	TE.	EXPEND	ITURES	AVER	AGE COST		S COST PI	
00 ELIGIBLES	USERS									
00 ELIGIBLES	USERS			LZII LIVL	) I I OKLID					
00 ELIGIBLES	USERS 0	OR DAYS OF CAL	RE		.00			PER ELIG	USER	

DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0 \$	.00 \$	.00	.000 \$	.00 \$
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0 \$	.00 \$	.00	.000 \$	.00 \$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0 \$	.00 \$	.00	.000 \$	.00 \$
NURSE ANESTHESIST	0	0 \$	.00 \$	.00	.000 \$	.00 \$
NURSE MIDWIFE	0	0 \$	.00 \$	.00	.000 \$	.00 \$
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00 \$	.00	.000 \$	.00 \$
FAMILY NURSE PRACTITIONER	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@TOTAL HOSPITAL	0	0 \$	.00 \$	.00	.000 \$	.00 \$
HOSP INPATIENT TOTAL	0	0 5	.00	.00	.000 \$	.00 \$
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
	0	0				
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	·	•	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00 \$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 20	05 THRU DEC	2005 PA
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MOP024

DEL NORTE COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

----- MONTHLY AVERAGE -

00 ELIGIBLES	USERS	UNITS OF SERVI		EX	PENDITURES		RAGE COST	UNITS/DAY			C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$		.00	\$	.00	.000		.00	\$
COMM HOSP INPATIENT TOTAL	0	0	'		.00		.00	.000		.00	'
HSC HOSPITALS	0	0			.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00	
ACCOMMODATIONS	0	0			.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00	
ALL OTHER ACCOM	0	0			.00		.00	.000		.00	
ANCILLARIES	0	0			.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00	
	0	0									
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00	
MEDICAL	0	0			.00		.00	.000		.00	
SURGERY	0	0			.00		.00	.000		.00	
PATHOLOGY	0	0			.00		.00	.000		.00	
RADIOLOGY	0	0			.00		.00	.000		.00	
ROOM USE	0	0			.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00	.000		.00	
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0			.00		.00	.000		.00	
DEVELOP. DISABLED	0	0			.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00	
LEV B-REHAB MD	0	0			.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00	
LEV B-REGULAR	0	0			.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	'		.00		.00	.000		.00	'
ICF DD	0	0			.00		.00	.000		.00	
ICF DDN/DDCN	0	0			.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	Ś	.00	\$
HOSPITAL BASED	0	0	۲		.00	٣	.00	.000	۲	.00	Υ
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	۲		.00	۲	.00	.000	Υ	.00	Y
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	بغ			\$			\$		ė.
	0	0	\$		.00	Ą	.00	.000	Ą	.00	\$
PATHOLOGY	0				.00		.00	.000		.00	
XO AND OTHERS	0	0	4		.00	Ċ.	.00	.000	4	.00	Ċ
@ORGANIZED OUTPATIENT CLINIC	0	0	\$		.00	\$	.00	.000	\$	.00	\$
CLINIC	0	0			.00		.00	.000		.00	
SURGICENTER	0	0			.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0			.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		URES	MONTH-O	F-PAYMENT RE	PORT	FOR JAN 2	005 THRU	DEC	2005	PΑ
MOP024	FEE-FOR-SERVICE										
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN -	LONG	TERM CA	RE - FAMILIE	S	DISCONTINU				
								M			.GE -
00 ELIGIBLES	USERS	UNITS OF SERV		EX	PENDITURES		RAGE COST	,			C
		OR DAYS OF CA	ARE			PER	R UNIT/DAY	PER ELIG		USER	E

@ALL OTHER PROVIDERS	0	0 \$	.00 \$	.00	.000 \$	.00 \$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$
* TOTALS IN THESE LINES ARE SIN	באז אכי א כבטאטאייב דא	TECHNATION THEM ONLY.				

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

DEE NORTE COUNTY	DOINGER OF DEEK	VICED IOIC IIIV EC	110 1					
						MON	THLY AVERA	ιGE -
590 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	722	24,729	\$	1,947,311.97	\$ 78.75	41.914 \$	2697.11	\$
@PHYSICIANS SERVICES	78	159	\$	2,644.52	\$ 16.63	.269 \$	33.90	\$
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	
OFFICE VISITS	0	0		.00	.00	.000	.00	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	2	2		67.50	33.75	.003	33.75	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	2	2		67.50	33.75	.003	33.75	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00	
ASSISTANT SURGEON	0	0		.00	.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00	
ASSISTANT SURGEON	0	0		.00	.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00	
DIALYSIS	0	0		.00	.00	.000		.00	
PATHOLOGY	0	0		.00	.00	.000		.00	
RADIOLOGY	1	1		59.05	59.05	.002		59.05	
PSYCHIATRY	0	0		.00	.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	75	156		2,517.97	16.14	.264		33.57	
@PHARMACY	561	4,454	\$	299,227.31	\$ 67.18	7.549	\$	533.38	\$
PRESCRIPTION DRUGS	555	4,406		297,293.63	67.47	7.468		535.66	
SNF/ICF	531	4,191		295,539.36	70.52	7.103		556.57	
OUTPATIENTS	25	215		1,754.27	8.16	.364		70.17	
MEDICAL SUPPLIES	26	48		1,933.68	40.29	.081		74.37	
@DENTIST	5	13	\$	201.00	\$ 15.46	.022	\$	40.20	\$
VISITS - DIAGNOSTIC	3	11		106.00	9.64	.019		35.33	
ORAL SURGERY	0	0		.00	.00	.000		.00	
DRUGS	0	0		.00	.00	.000		.00	
ANESTHESIA	0	0		.00	.00	.000		.00	
PERIODONTICS	0	0		.00	.00	.000		.00	
ENDODONTICS	0	0		.00	.00	.000		.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00	
PROSTHETICS	0	0		.00	.00	.000		.00	
DENTURES, STAYPLATES	2	2		95.00	47.50	.003		47.50	
SPACE MAINTAINERS	0	0		.00	.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00	
ALL OTHER SERVICES	1	0		.00	.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES 1	MONTH-OF-PAYMENT RE	PORT FOR JAN	2005 THRU I	ЭEС	2005	PP
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MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MIN - LOI	NG TE	ERM CARE - TOTAL			M	ONT	HIY AVERA	GE -
590 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST			COST PER	C
		OR DAYS OF CARE				R UNIT/DAY			USER	Ē
@OPTOMETRIST	1	3	\$	53.11	\$	17.70	.005		53.11	\$
DIAGNOSTIC AND ANC. PROCED	0	0	·	.00	•	.00	.000	·	.00	·
EYE APPLIANCES	1	3		53.11		17.70	.005		53.11	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.002	Ś	16.72	\$
VISITS	0	0		.00		.00	.000		.00	'
OTHER SERVICES	1	1		16.72		16.72	.002		16.72	
@PODIATRIST	6	9	\$	215.93	\$	23.99	.015	Ś	35.99	\$
MEDICINE/INJECTIONS	0	0	7	.00	7	.00	.000	т.	.00	Т
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	6	9		215.93		23.99	.015		35.99	
@HOME HEALTH AGENCY	0	9 0	\$	.00	Ś	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0		.00	Š	.00	.000	Š	.00	\$
NURSE MIDWIFE	0	0	Š	.00	Š	.00	.000	Š	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ \$ \$	.00	Š	.00	.000	Š	.00	\$
FAMILY NURSE PRACTITIONER	0	0	Ċ Ċ	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	60	196	\$	11,651.53	Ċ Ċ	59.45	.332	\$	194.19	¢.
HOSP INPATIENT TOTAL	10	0	Y	8,449.88	۲	.00	.000	Y	844.99	Y
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0			.00		.00	.000		.00	
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	10	0		8,449.88		.00	.000		844.99	
ALL OTHER INPATIENT	0	0								
	58			.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL		196		3,201.65		16.33	.332		55.20	
MEDICAL	2	2		166.31		83.16	.003		83.16	
SURGERY	2	2		143.82		71.91	.003		71.91	
PATHOLOGY	4	25		333.60		13.34	.042		83.40	
RADIOLOGY	3	1		197.65		197.65	.002		197.65	
ROOM USE		3		117.80		39.27	.005		39.27	
CROSSOVERS/ALL OTH OUTPTNT	0	163	d	2,242.47	4	13.76	.276	4	40.77	4
@COUNTY HOSPITAL TOTAL		0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	. 0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

DEE NORTE COONT	BOINIARCE OF BERVICE	DIOI III DONG	TERM CARE TOTAL			M	тиоі	HIV AVERA	GE -
590 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	ΔVEI	PAGE COST	UNITS/DAY		COST PER	C
370 1110111111	OBLIND	OR DAYS OF CARE	EXI ENDITORES			PER ELIG		USER	E
@COMMUNITY HOSPITAL TOTAL	60	196 \$	11,651.53	\$	59.45	.332		194.19	\$
COMM HOSP INPATIENT TOTAL	10	150 Ş	8,449.88	Ą	.00	.000	Ą	844.99	Ÿ
HSC HOSPITALS	0	0	.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00	
ACCOMMODATIONS	0	0	.00		.00	.000		.00	
	0	0	.00						
ADMINISTRATIVE DAYS	0	0			.00	.000		.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	
ANCILLARIES	•		.00		.00	.000		.00	
INPATIENT CROSSOVERS	10	0	8,449.88		.00	.000		844.99	
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	58	196	3,201.65		16.33	.332		55.20	
MEDICAL	2	2	166.31		83.16	.003		83.16	
SURGERY	2	2	143.82		71.91	.003		71.91	
PATHOLOGY	4	25	333.60		13.34	.042		83.40	
RADIOLOGY	1	1	197.65		197.65	.002		197.65	
ROOM USE	3	3	117.80		39.27	.005		39.27	
CROSSOVERS/ALL OTH OUTPTNT		163	2,242.47		13.76	.276		40.77	
@STATE HOSPITAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0	.00		.00	.000		.00	
DEVELOP. DISABLED	0	0	.00		.00	.000		.00	
@NURSING FACILITY	539	13,905 \$	1,610,898.86	\$	115.85	23.568	\$	2988.68	\$
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00	
LEV B-REHAB MD	0	0	.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
LEV B-REGULAR	539	13,905	1,610,898.86		115.85	23.568		2988.68	
@INTERMEDIATE CARE FACILDD	0	0 \$		\$	.00	.000	\$	.00	\$
ICF DDH	0	0	.00		.00	.000	•	.00	•
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$		\$	.00	.000	Ś	.00	\$
HOSPITAL BASED	0	0	.00	7	.00	.000	-T	.00	7
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$		\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00	т	.00	.000	т	.00	τ
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	2	8 \$		\$	13.12	.014	\$	52.47	\$
PATHOLOGY	2	8	104.93	Y	13.12	.014	Y	52.47	Y
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	17	70 \$		\$	31.98	.119	\$	131.70	\$
CLINIC CLINIC	0	, o s	.00	ų	.00	.000	۲	.00	Y
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	17	70	2,238.84		31.98	.119		131.70	
#CALIF DEPT OF HEALTH SERV	<del>- :</del>		Z, Z38.84 MONTH-OF-PAYMENT R	תם ∩ם יים			חפכ		PA
#CVNIL DELI OL UFWNIU SEKA	MEDI-CHI SEKVICES	WIN EVERNATIONES	MONIN-OF-PAIMENT R	L F U R I	LOK OAN	ZUUS INKU	טבֿע	2003	PF

MOP024 FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

DEL NORTE COUNT	DOMMAKI OF DEK	ATCES LOK MM - TC	ING IE	INM CARE - IOIAL				
						MON		GE -
590 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			COST PER	C
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	71	5,911	\$	20,059.22	\$ 3.39	10.019 \$	282.52	\$
DURABLE MED. EQUIP.	12	662		16,171.32	24.43	1.122	1347.61	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00		.00	
MEDICAL TRANSPORTATION	22	437		1,472.63	3.37	.741	66.94	
AMBULANCES/AIR TRANS	4	11		306.05	27.82	.019	76.51	
OTHER TRANS	18	426		1,166.58	2.74	.722	64.81	
OTHER SERVICES	0	0		.00	.00	.000	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	12	30		338.98	11.30	.051	28.25	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	1	2		.16	.08	.003	.16	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	1	1		125.00	125.00	.002	125.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	25	4,779		1,951.13	.41	8.100	78.05	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00	\$
@XOVER EXCLUDING STATE HOSP**	171	4,556	\$	49,981.22	\$ 10.97	7.722 \$	292.29	\$
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPA	RATE INFORMATION I	TEM O	NLY;				
THE AMOUNTED AND ALBERTH TAI	AT TIPED TAT MITE A	DDDADDIAME DEMATE	T T3TTO	T D OT TE				

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL MOP024

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

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						MON	THLY AVERA	ωGE -
2,984 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	3,047	60,038	\$	2,630,597.18	\$ 43.82	20.120 \$	863.34	\$
@PHYSICIANS SERVICES	389	908	\$	17,290.82	\$ 19.04	.304 \$	44.45	\$
OUTPATIENT VISITS	12	12		859.80	71.65	.004	71.65	
OFFICE VISITS	9	9		654.75	72.75	.003	72.75	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	3	3		205.05	68.35	.001	68.35	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	1	1		27.50	27.50	.000	27.50	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

CRITICAL CARE	0	0			.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	1	1			27.50		27.50	.000		27.50	
OPHTHALMOLOGICAL SERVICES	1	1			6.01		6.01	.000		6.01	
EXAMINATIONS	1	1			6.01		6.01	.000		6.01	
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00	
ASSISTANT SURGEON	0	0			.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00	
OUTPATIENT SURGERY	1	1		3	74.91		374.91	.000		374.91	
PRINCIPAL SURGEON	1	1		3	74.91		374.91	.000		374.91	
ASSISTANT SURGEON	0	0			.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00	
DIALYSIS	0	0			.00		.00	.000		.00	
PATHOLOGY	2	4			25.37		6.34	.001		12.69	
RADIOLOGY	14	31		1,7	40.84		56.16	.010		124.35	
PSYCHIATRY	0	0			.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	362	858		14,2	56.39		16.62	.288		39.38	
@PHARMACY	2,171	35,150	\$	849,8	58.58	\$	24.18	11.779	\$	391.46	\$
PRESCRIPTION DRUGS	2,102	10,782		835,4	48.15		77.49	3.613		397.45	
SNF/ICF	534	4,219		276,6	38.54		65.57	1.414		518.05	
OUTPATIENTS	1,571	6,563		558,8	09.61		85.15	2.199		355.70	
MEDICAL SUPPLIES	175	24,368		14,4	10.43		.59	8.166		82.35	
@DENTIST	28	111	\$	6,8	54.00	\$	61.75	.037	\$	244.79	\$
VISITS - DIAGNOSTIC	18	59		5	61.00		9.51	.020		31.17	
ORAL SURGERY	2	28		1,3	71.00		48.96	.009		685.50	
DRUGS	0	0			.00		.00	.000		.00	
ANESTHESIA	2	2			00.00		100.00	.001		100.00	
PERIODONTICS	1	1			55.00		55.00	.000		55.00	
ENDODONTICS	0	0			.00		.00	.000		.00	
RESTORATIVE DENTISTRY	2	2		1	.42.00		71.00	.001		71.00	
PROSTHETICS	0	0			.00		.00	.000		.00	
DENTURES, STAYPLATES	11	18		4,5	25.00		251.39	.006		411.36	
SPACE MAINTAINERS	0	0			.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00	
ALL OTHER SERVICES	2	1			.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES I	MONTH-OF-PAY	MENT R	EPORT	FOR JAN	2005 THRU	DEC	2005	PP
MOP024	FEE-FOR-SERVICE/DI	ENTAL									

----- MONTHLY AVERAGE -2,984 ELIGIBLES USERS UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER .035 \$ 104 17.50 53.54 \$ @OPTOMETRIST 34 1,820.35 DIAGNOSTIC AND ANC. PROCED 9 15 22.68 .005 37.80 340.16 1,385.85 16.30 .028 46.20 EYE APPLIANCES 30 85 OTHER OPTOMETRIC SERVICES 3 4 94.34 23.59 .001 31.45 @CHIROPRACTOR \$ 16.72 16.72 .000 \$ 16.72 VISITS 0 .00 .00 .000 .00 0 OTHER SERVICES 1 1 16.72 16.72 .000 16.72 @PODIATRIST 41 55 751.10 13.66 .018 \$ 18.32 .00 MEDICINE/INJECTIONS .00 .000 0 0 .00 .00

.00

.000

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SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

DEL NORTE COUNTY

SURGERY/ANES.

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	41	55	751.10	13.66	.018	18.32	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	276	787	\$ 67,259.34	\$ 85.46	.264	\$ 243.69	\$
HOSP INPATIENT TOTAL	73	0	48,971.13	.00	.000	670.84	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	73	0	48,971.13	.00	.000	670.84	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	235	787	18,288.21	23.24	.264	77.82	
MEDICAL	16	20	1,106.79	55.34	.007	69.17	
SURGERY	2	3	93.40	31.13	.001	46.70	
PATHOLOGY	14	55	616.74	11.21	.018	44.05	
RADIOLOGY	17	75	6,645.14	88.60	.025	390.89	
ROOM USE	10	13	664.49	51.11	.004	66.45	
CROSSOVERS/ALL OTH OUTPTNT	213	621	9,161.65	14.75	.208	43.01	
@COUNTY HOSPITAL TOTAL	1	3	\$ 16.10	\$ 5.37	.001	\$ 16.10	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	

CO HOSP OUTPATIENT TOTAL	1	3	16.10	5.37	.001	16.10
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3	16.10	5.37	.001	16.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	05 THRU DEC	2005
MOP024	FEE-FOR-SERVICE/DENTAL	J				

MOP024	FEE-FOR-SERVIC	E/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR	MEDICA:	LLY NE	EEDY - AGED						
								M			
2,984 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		RAGE COST			COST PER	C
		OR DAYS					UNIT/DAY			USER	E
@COMMUNITY HOSPITAL TOTAL	275		784	\$	67,243.24	\$	85.77	.263	\$	244.52	\$
COMM HOSP INPATIENT TOTAL	73		0		48,971.13		.00	.000		670.84	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0 0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	73		0		48,971.13		.00	.000		670.84	
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	234		784		18,272.11		23.31	.263		78.09	
MEDICAL	16		20		1,106.79		55.34	.007		69.17	
SURGERY	2		3		93.40		31.13	.001		46.70	
PATHOLOGY	14		55		616.74		11.21	.018		44.05	
RADIOLOGY	17		75		6,645.14		88.60	.025		390.89	
ROOM USE	10		13		664.49		51.11	.004		66.45	
CROSSOVERS/ALL OTH OUTPTNT			618		9,145.55		14.80	.207		43.14	
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	Ś	.00	\$
MENTALLY ILL	0		0	т	.00	т	.00	.000	т	.00	т
DEVELOP. DISABLED	0		0		.00		.00	.000		.00	
@NURSING FACILITY	542	13	,617	\$	1,608,913.56	\$	118.15	4.563	Ś	2968.48	\$
LEV A-INTERMEDIATE	0	13	0	۲	.00	۲	.00	.000	٣	.00	۲
LEV B-REHAB MD	0		0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING			0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
LEV B-REGULAR	542	13	,617		1,608,913.56		118.15	4.563		2968.48	
@INTERMEDIATE CARE FACILDD	0	13	0	\$	.00	\$	.00	.000	Ś	.00	\$
ICF DDH	0		0	۲	.00	۲	.00	.000	۲	.00	۲
ICF DD	0		0		.00		.00	.000		.00	
ICF DDN/DDCN	0		0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	Ċ	.00	Ġ
HOSPITAL BASED	0		0	۲	.00	Ą	.00	.000	Ą	.00	Y
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	Ċ	.00	\$
HOSPITAL BASED	0		0	Ą	.00	Ą	.00	.000	ې	.00	ې
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00	
	0		9	بع		بغ	16.90	.003	بع		ċ.
@LABORATORY FACILITY PATHOLOGY	0		8	\$	152.10 143.60	\$	16.90	.003	Ą	25.35 28.72	\$
XO AND OTHERS	5 1		8		8.50		8.50	.003		8.50	
@ORGANIZED OUTPATIENT CLINIC	356		669	\$	36,936.30	\$	55.21	.224	Ġ	103.75	\$
@OKGWITTED OOILWITEINI CHINIC	336		003	Ą	30,930.30	Ą	JJ.∠⊥	.224	ې	103.75	۲

CLINIC	3	9	377.14	41.90	.003	125.71
SURGICENTER	1	1	205.06	205.06	.000	205.06
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	352	659	36,354.10	55.17	.221	103.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005

---- MONTHLY AVERAGE -

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

					MON	THLY AVERA	KGE: -
2,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	,	COST PER USER	C E
@ALL OTHER PROVIDERS	381	8,627 \$	40,744.31	\$ 4.72	2.891 \$	106.94	\$
DURABLE MED. EQUIP.	18	670	16,589.95	24.76	.225	921.66	·
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	21	1,246	2,357.14	1.89	.418	112.24	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	20	1,245	2,354.61	1.89	.417	117.73	
OTHER SERVICES	1	1	2.53	2.53	.000	2.53	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	85	226	2,227.99	9.86	.076	26.21	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	1	2	.16	.08	.001	.16	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	4	4	1,695.10	423.78	.001	423.78	
HOSPICE SERVICES	1	8	1,153.36	144.17	.003	1153.36	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	261	6,471	16,720.61	2.58	2.169	64.06	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	•	.000 \$		\$
@XOVER EXCLUDING STATE HOSP**	834	11,046 \$	149,377.67	\$ 13.52	3.702 \$	179.11	\$
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPAR	ATE INFORMATION ITEM	ONLY:				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

						MC	TNC	HLY AVERA	GE -	
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	5	COST PER	C	
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	E	
@TOTAL, ALL PROVIDERS	0	0	\$ 223.20	\$	.00	.000	\$	.00	\$	
@PHYSICIANS SERVICES	0	0	\$ .00	\$	.00	.000	\$	.00	\$	
OUTPATIENT VISITS	0	0	.00		.00	.000		.00		
OFFICE VISITS	0	0	.00		.00	.000		.00		
HOME VISITS	0	0	.00		.00	.000		.00		
EMERGENCY ROOM	0	0	.00		.00	.000		.00		

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0		0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	
INPATIENT VISITS	0		0		.00		.00	.000		.00	
HOSPITAL VISITS	0		0		.00		.00	.000		.00	
CRITICAL CARE	0		0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	
EXAMINATIONS	0		0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	
DIALYSIS	0		0		.00		.00	.000		.00	
PATHOLOGY	0		0		.00		.00	.000		.00	
RADIOLOGY	0		0		.00		.00	.000		.00	
PSYCHIATRY	0		0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00	
@PHARMACY	0		0 \$		.00	\$	.00	.000	\$	.00	\$
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00	
SNF/ICF	0		0		.00		.00	.000		.00	
OUTPATIENTS	0		0		.00		.00	.000		.00	
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00	
@DENTIST	0		0 \$		.00	\$	.00	.000	\$	.00	\$
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00	
ORAL SURGERY	0		0		.00		.00	.000		.00	
DRUGS	0		0		.00		.00	.000		.00	
ANESTHESIA	0		0		.00		.00	.000		.00	
PERIODONTICS	0		0		.00		.00	.000		.00	
ENDODONTICS	0		0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00	
PROSTHETICS	0		0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00	
SPACE MAINTAINERS	0		0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00	
ALL OTHER SERVICES	0		0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXI	PENDITURES	MONTH-	OF-PAYMENT I	REPORT	FOR JAN 2	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE	/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR	MEDICALLY	NEEDY	- BLIND						
										HLY AVERA	
01 ELIGIBLES	USERS	UNITS OF		E	XPENDITURES		RAGE COST				C
		סס עט פט	OF CYPE			DED	עמל ידדותו	ד.דם סים ס	C	TICED	ㅁ

01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER U	NIT/DAY	PER ELIG	USER	E
@OPTOMETRIST	0	0 \$	.00	\$	.00	.000 \$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000	.00	
EYE APPLIANCES	0	0	.00		.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00	
@CHIROPRACTOR	0	0 \$	.00	\$	.00	.000 \$	.00	\$

VISITS	0	0	0.0	0.0	.000	0.0	
	<del>-</del>		.00	.00		.00	
OTHER SERVICES	0	0 0 \$	.00	.00	.000 .000 \$	.00	<u>.</u>
@PODIATRIST	0	0 \$ 0		\$ .00			\$
MEDICINE/INJECTIONS	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$
NURSE ANESTHESIST	0	0 \$ 0 \$	.00	\$ .00	.000 \$		\$
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0 \$ 0 \$	.00	\$ .00	.000 \$	.00	
FAMILY NURSE PRACTITIONER	0			\$ .00	.000 \$	.00	\$
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2005 THRU DEC	2005	PΑ
MOP024	FEE-FOR-SERVICE/	DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	NEEDY - BLIND				
					MONT		GE -
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				C
		OR DAYS OF CARE		PER UNIT/DAY		USER	
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$

COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ 223.20	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	223.20	.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	

INDEPENDENT FACILITY	0	0		.00		.00	.000		00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.	00	\$
PATHOLOGY	0	0	·	.00	•	.00	.000	•	00	
XO AND OTHERS	0	0		.00		.00	.000		00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000			\$
	0	0	Ą		۲					Ų
CLINIC	0	·		.00		.00	.000		00	
SURGICENTER	U	0		.00		.00	.000		00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		00	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	RES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2	2005 THRU D	EC 2005		PA
MOP024	FEE-FOR-SERVIC	E/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MEDICA	LLY NEED	Y - BLIND						
							MC	NTHLY AV	ERAG	E -
01 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST P	ER	C
		OR DAYS OF CAR	E				PER ELIG	USER		E
@ALL OTHER PROVIDERS	0	0	_ \$	.00	\$	.00	.000			\$
DURABLE MED. EQUIP.	0	0	۲	.00	۲	.00	.000	•	00	7
BLOOD BANK	0	0		.00		.00	.000		00	
	0	0								
HEARING AID DISPENSERS	0	0		.00		.00	.000		00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		00	
OTHER TRANS	0	0		.00		.00	.000		00	
OTHER SERVICES	0	0		.00		.00	.000		00	
ACUPUNCTURE	0	0		.00		.00	.000		00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000		00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		00	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		00	
OPTICIAN	0	0		.00		.00	.000		00	
PHYSICAL THERAPIST	0	0		.00		.00	.000		00	
PORTABLE X-RAY	0	0		.00		.00	.000		00	
	0	0							00	
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000			
PROSTHETICS	0	0		.00		.00	.000		00	
ORTHOTICS	0	0		.00		.00	.000		00	
PSYCHOLOGIST	0	0		.00		.00	.000		00	
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		00	
HOSPICE SERVICES	0	0		.00		.00	.000		00	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		00	
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	_	00	
ALL OTHER PROVIDERS	0	0		.00		.00	.000		00	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000			\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	Ġ	.00	.000			\$
@* TOTALS IN THESE LINES ARE			•		۲	.00	.000	٠ .	00	٢
THE AMOUNTS ARE ALREADY IN				DUVE.						
** THESE DATA ARE INCLUDED I				OH DAIMEN	1005	TOD 7737 (		TG 0005		D.7
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	KES MONT	H-OF-PAYMEN'I' RE	FLOKI,	FOR JAN 2	2005 THRU D	DEC 2005		PΑ
MOP024	FEE-FOR-SERVIC									
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MEDICA	LLY NEED	Y - DISABLED						
							MC			
1,827 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS			C
		OR DAYS OF CAR			PER		PER ELIG	USER		E
@TOTAL, ALL PROVIDERS	2,186	19,517	\$	1,689,834.30	\$	86.58	10.683	\$ 773.	03	\$

@PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	402	1,963	\$	80,499.06	\$	41.01	1.074	\$	200.25	\$
OUTPATIENT VISITS	67	105		3,977.70 3,053.27		37.88	.057		59.37	
OFFICE VISITS	56	92		3,053.27		33.19	.050		54.52	
HOME VISITS	0	0		.00		.00			.00	
EMERGENCY ROOM	10	11		833.05		75.73	.006		83.31	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00			.00	
OTHER OUTPATIENT	2	2		91.38		45.69			45.69	
INPATIENT VISITS	15	66		2,645.54 2,483.94		40.08			176.37	
HOSPITAL VISITS	14	64		2,483,94		38.81			177.42	
CRITICAL CARE	1	1		121.60					121.60	
SNF/ICF/TRANS IP CARE	_ 1	1		40.00		121.60 40.00	.001		40.00	
OPHTHALMOLOGICAL SERVICES	_ 5	7		277.18		39.60	.004		55.44	
EXAMINATIONS	5	7		277 18		39 60	.004		55.44	
SERVICES AND MATERIALS	0	0		.00		39.60 39.60 .00	.000			
TNPATTENT HOSPITAL SURGERY	10	77		3 877 05		50 35	042		387.71	
PRINCIPAL SURGEON	7	9		2 986 06		50.35 331.78	005		426.58	
ASSISTANT SURGEON	0	0		2,500.00		0.0	000		.00	
ANESTHESTOLOGIST	4	68		890 99			.037		222.75	
OUTDATIENT SURGERY	21	52		890.99 6,273.15 5,798.32		120.64	.028		298.72	
DDINCIDAL SUDGEON	20	23		5 708 32		252.10	.013		289.92	
ACCICANA SURGEON	20	∠ <i>3</i>		00 61		88.61			88.61	
ASSISTANT SURGEON	2	2 O		306.01		88.61 13.79 .00	.015		102 11	
DIMINGIC	2	∠o ∩		.00		.00	.000		193.11	
DIMITOLOGY	2.0	105		1,191.29 7,628.64		11.35			42.55	
PADTOLOGY	∠O 114	102		7, 191.29		25.60			66.92	
RADIOLOGI	114	298		7,628.64						
IMMUNIZATION AND INJECTION	0	T 6 2		.00		.00			.00	
IMMUNIZATION AND INJECTION	16	563		34,286.34			.308		2142.90	
OTHER SERVICES/ALL X-OVERS @PHARMACY	238	690		20,342.17	4	29.48			85.47	
@PHARMACY	1,417	10,417	Ş	758,334.41	Ş	72.80	5.702	Ş		Ş
PRESCRIPTION DRUGS	1,382	6,805		745,601.82 42,691.33 702,910.49 12,732.59		109.57			539.51	
SNF/1CF	50	417		42,691.33		102.38	.228		853.83	
OUTPATIENTS	1,332	6,388		702,910.49		110.04	3.496		527.71	
MEDICAL SUPPLIES	111	3,612		12,732.59		3.53 46.27	1.977		114.71	
@DENTIST	35	135	\$	6,247.00	\$	46.27				\$
VISITS - DIAGNOSTIC	24	47		863.00		18.36	.026		35.96	
ORAL SURGERY	4	63		3,700.00		58.73	.034		925.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	3	4		300.00		75.00			100.00	
PERIODONTICS	1	1		118.00		118.00	.001		118.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	5	9		481.00		53.44	.005		96.20	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	8	8		785.00		98.13	.004		98.13	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	4	3		.00		.00	.002		.00	
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES MC	NTH-OF-PAYMENT RE	EPOR			DEC		PA
MOP024	FEE-FOR-SERVICE/DI	ENTAL								==-
DEL MODEE COLMEN	CIMMADA OF CEDATO		T T 37 NTT	מבות הדמת הם						

----- MONTHLY AVERAGE -1,827 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER

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SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

DEL NORTE COUNTY

##OPTIONETRIST 62 189 \$ 3,570.39 \$ 18.89 1.03 \$ 57.59 \$ DIAGNOSTIC AND ANC. PROCED 31 51 1,252.5 \$ 24.56 .028 40.41   ETE APPLIANCES 49 136 2,110.36 16.89 .074 47.15   OTIER OPTIONETRIC SERVICES 1 2 2 10.36 \$ 16.89 .074 47.15   OTIER OPTIONETRIC SERVICES 1 3 2 2 11.36 \$ 3.70 .001 7.44   VIELTS 1 4 6 100.32 16.72 .003 22.98   OTIER SERVICES 9 15 227.13 15.81 .008 22.88   PODIATRIST 28 82 \$ 912.79 \$ 11.13 .045 \$ 32.60 \$ 10.000   POTION 20.000 2 20.00   POTION 20.000 2 20.00   POTION 3											
### APPLIANCES OTHER OPPOMERTIC SERVICES 1 2 7.45 3.73 .001 7.45 ### CHIRDOPACTOR 13 21 \$ 337.45 \$ 16.07 .011 \$ 25.96 \$ ### SCHIRDOPACTOR 13 21 \$ 337.45 \$ 16.07 .011 \$ 25.96 \$ ### VISITS 4 6 6 100.32 16.72 .003 25.08 \$ ### OTHER SERVICES 9 9 15 237.13 15.81 .008 26.35 ### OTHER SERVICES 9 15 237.13 15.81 .008 26.35 ### OTHER SERVICES 9 10 15 237.13 15.81 .008 26.35 ### OTHER SERVICES 9 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@OPTOMETRIST	62	189	\$	3,570.39	\$	18.89	.103	\$	57.59	\$
OTHER OPTOMETRIC SERVICES 1 2 7.45	DIAGNOSTIC AND ANC. PROCED	31	51		1,252.58		24.56	.028		40.41	
SCHINGPRACTOR	EYE APPLIANCES	49	136		2,310.36		16.99	.074		47.15	
VISITS OTHER SERVICES 9 15 237.13 15.81 0.08 26.35  @FODIATRIST 28 82 82 9 912.79 11.13 0.045 32.60 S  MEDICINE/INIRCTIONS 5 7 201.20 28.74 0.04 40.24  SURGERY/ANDS. 0 0 0 0.00 0.00 0.00 0.00 0.00  KADIOL/PATHOLOGY 0 0 0 0 0.00 0.00 0.00 0.00  CHERT MINI AGRINY 23 75 75 201.20 28.74 0.04 40.24  SURGERY/ANDS. 0 0 0 0.00 0.00 0.00 0.00  CHERT MINI AGRINY 23 75 75 201.20 28.74 0.04 0.01 0.00  CHERT MINI AGRINY 23 75 83 3.910.55 \$ 16.10 0.03 70.94  SURGERY ANDS. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OTHER OPTOMETRIC SERVICES	1	2		7.45		3.73	.001		7.45	
OTHER SERVICES	@CHIROPRACTOR	13	21	\$	337.45	\$	16.07	.011	\$	25.96	\$
## REDICATIONS   5   7   2012   20   21   11   13   0.45   3   2.60   5   ## MEDICINE/INDECTIONS   5   7   2012   20   2.674   0.04   40.24   SURGREY/ANES.   0   0   0   0.00   0.00   0.00   0.00   RADIOL/PATHOLOGY   0   0   0   0.00   0.00   0.00   RADIOL/PATHOLOGY   5   61   8   9.10   5   9.49   0.41   30.94   ## MINISTER SITT   6   34   5   547.35   5   16.10   0.03   5   12.25   ## MURBE AMESTHERISIT   6   34   5   547.35   5   16.10   0.03   5   12.25   ## MURBE AMESTHERISIT   6   34   5   547.35   5   16.10   0.03   5   12.25   ## MURBE AMESTHERISIT   6   34   5   547.35   5   16.10   0.03   5   12.25   ## MURBE PRACTITIONER   0   0   5   0.00   5   0.00   5   ## MURBE PRACTITIONER   0   0   5   0.00   5   0.00   5   ## MURBE PRACTITIONER   0   0   5   0.00   5   0.00   5   ## MURBE PRACTITIONER   0   0   5   597.236.39   357.84   9.14   3   1895.99   ## HOSP INPATIENT TOTAL   63   191   5   545.244.85   2854.69   1.05   8654.68   ## HSC HOSPITAL TOTAL   26   190   207.667.89   1092.99   1.04   7987.23   ## ANCOMODATIONS   26   190   207.667.89   1092.99   1.04   7987.23   ## ANCOMODATIONS   26   190   207.667.89   1092.99   1.04   7987.23   ## ANCILLARISE COMBANISTRATIVE DAYS   26   190   207.667.89   1092.99   1.04   7987.23   ## ANCILLARISE COMBANISTRATIVE DAYS   26   190   207.667.89   1092.99   1.04   7987.23   ## ANCILLARISE COMBANISTRATIVE DAYS   26   190   207.667.89   1092.99   1.04   7987.23   ## ANCILLARISE COMBANISTRATIVE DAYS   26   190   207.667.89   1092.99   1.04   7987.23   ## ANCILLARISE COMBANISTRATIVE DAYS   26   190   207.667.89   1092.99   1.04   7987.23   ## ANCILLARISE COMBANISTRATIVE DAYS   26   190   207.667.89   1092.99   1.04   7987.23   ## ANCILLARISE COMBANISTRATIVE DAYS   26   190   207.667.89   1092.99   1.04   7987.23   ## ANCILLARISE COMBANISTRATIVE DAYS   26   190   279.667.89   1092.99   1.04   7987.23   ## ANCILLARISE COMBANISTRATIVE DAYS   26   190   279.667.89   1092.99   100   279.667.89   ## ANCILLARISE COMBANISTRATIVE DAYS   270   270.667.89   1992.99   270.667.8	VISITS	4	6		100.32		16.72	.003		25.08	
MEDICINE/INJECTIONS   5	OTHER SERVICES	9	15		237.13		15.81	.008		26.35	
MEDICINE/INJECTIONS	@PODIATRIST	28	82	\$	912.79	\$	11.13	.045	\$	32.60	\$
SURGERY/ANES. 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	MEDICINE/INJECTIONS	5	7	·		·	28.74		·	40.24	·
RADIO. \ \ \ \ \ PATHOLOGY \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		0	0		.00		.00	.000		.00	
CTIER		0	0								
## SHORE HEALTH AGENCY   5	·	23	75								
NURSE MIDNIFE				Ś		Ś			Ś		Ś
NURSE MIDMIPE   0		6		Š		Š					
PEDIATRIC NURSE PRACTITIONER		0		Š		Š			:		
FAMILY NURSE PRACTITIONER 0 0 \$ .00 \$ .00 .00 \$		0		Š		Š			:		
## COTAL HOSPITAL ## HOSP INPATIENT TOTAL ## G3			-	Š		Š			:		
HOSP INPATIENT TOTAL 63 191 545,244.85 2854.69 1.05 8654.68 HSC HOSPITALS 1 1 1,030.00 1030.00 .001 1030.00 NON-HSC HOSPITAL TOTAL 26 190 525,035.31 2763.34 1.04 20193.67 ACCOMMONATIONS 26 190 207,667.89 1092.99 1.04 7987.23 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 26 190 207,667.89 1092.99 1.04 7987.23 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00			-	Š		Š					
HSC HOSPITALS				Y		Y			Υ		٢
NON-HSC HOSPITAL TOTAL 26 190 525,035.31 2763.34 .104 20193.67 ACCOMMODATIONS 26 190 207,667.89 1092.99 .104 7987.23 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 26 190 207,667.89 1092.99 .104 7987.23 ANCILLARIES 26 0 317,367.42 .00 .000 12206.44 INPATIENT CROSSOVERS 36 0 19.179.54 .00 .000 .000 12206.44 INPATIENT CROSSOVERS 36 0 19.179.54 .00 .000 .000 .000 .000 .000 .000 .0					•						
ACCOMMODATIONS 26 190 207,667.89 1092.99 1.04 7987.23   ADMINISTRATIVE DAYS 0 0 0 0 0.00 0.00 0.00 0.00 0.00   TRANSITIONAL IP CARE 0 0 0 0 0.00 0.00 0.00 0.00 0.00   ALL OTHER ACCOM 26 190 207,667.89 1092.99 1.04 7987.23   ANCILLARIES 26 0 317,367.42 0.0 0.00 12206.44   INPATIENT CROSSOVERS 36 0 19,179.54 0.0 0.00 522.77   ALL OTHER INPATIENT 0 0 0 0 0.0 0.00 0.00 0.00   HOSP OUTPATIENT TOTAL 281 1,478 51,991.54 35.18 8.89 185.02   MEDICAL 77 202 12,485.96 61.81 1.11 162.16   SURGERY 18 22 1,348.93 61.32 0.12 74.94   PATHOLOGY 79 439 5,498.01 12.52 2.40 69.60   ROM USE CROSSOVERS/ALL OTH OUTPTNT 187 567 14,194.90 111.36 0.66 182.09   ROM USE CROSSOVERS/ALL OTH OUTPTNT 187 567 14,194.90 111.36 0.66 182.09   CO OSPITAL INPATIENT TOTAL 0 0 0 \$ 0.00 0.00 \$ 0.00   HSC HOSPITALS TOTAL 0 0 0 \$ 0.00 0.00 0.00 \$ 0.00   SCO HOSPITALS TOTAL 0 0 0 0 0 0 0 0.00 0.00 0.00   HSC HOSPITALS TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					•						
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O					•						
TRANSITIONAL ID CARE  O					·						
ALL OTHER ACCOM											
ANCILLARIES 26 0 317,367.42 .00 .00 12206.44 INPATIENT CROSSOVERS 36 0 19,179.54 .00 .00 .00 532.77 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0			-								
INPATIENT CROSSOVERS   36											
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
HOSP OUTPATIENT TOTAL   281					•						
MEDICAL         77         202         12,485.96         61.81         .111         162.16           SURGERY         18         22         1,348.93         61.32         .012         74.94           PATHOLOGY         79         439         5,498.01         12.52         .240         69.60           RADIOLOGY         74         121         13,474.90         111.36         .066         182.09           ROOM USE         66         127         4,988.98         39.28         .070         75.59           CCOSSOVERS/ALL OTH OUTPTNT         187         567         14,194.76         25.03         .310         75.91           @COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         .00         .00         .00         \$         .00         \$         .00         \$         .00											
SURGERY 18 22 1,348.93 61.32 .012 74.94 PATHOLOGY 79 439 5,498.01 12.52 .240 69.60 RADIOLOGY 74 121 13,474.90 111.36 .066 182.09 ROOM USE 66 127 4,988.98 39.28 .070 75.59 CROSSOVERS/ALL OTH OUTPINT 187 567 14,194.76 25.03 .310 75.91 CO HOSPITAL TOTAL 0 0 \$ .00 \$ .00 .00 \$ .00					•						
PATHOLOGY 79 439 5,498.01 12.52 .240 69.60 RADIOLOGY 74 121 13,474.90 111.36 .066 182.09 ROM USE 66 127 4,988.98 39.28 .070 75.59 CROSSOVERS/ALL OTH OUTPINT 187 567 14,194.76 25.03 .310 75.91 (COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 .00 .000 \$ .00					•						
RADIOLOGY   74					•						
ROOM USE         66         127         4,988.98         39.28         .070         75.59           CROSSOVERS/ALL OTH OUTPTNT         187         567         14,194.76         25.03         .310         75.91           ©COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         .00         \$           CO HOSPITAL IMPATIENT TOTAL         0         0         .00 <td< td=""><td></td><td></td><td></td><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>					•						
CROSSOVERS/ALL OTH OUTPTNT         187         567         14,194.76         25.03         .310         75.91           @COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00					·						
@COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         .0					•						
CO HOSPITAL INPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					·						
HSC HOSPITALS       0       0       .00				\$		\$			\$		\$
NON-HSC HOSPITALS TOTAL         0         0         .00		0									
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0									
ADMINISTRATIVE DAYS 0 0 0 0.00 .00 .000 .000 TRANSITIONAL IP CARE 0 0 0 .00 .000 .000 ALL OTHER ACCOM 0 0 .00 .000 .000 .000 ANCILLARIES 0 0 0 .00 .000 .000 .000 INPATIENT CROSSOVERS 0 0 0 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 .00 .000 .000 .000 CO HOSP OUTPATIENT TOTAL 0 0 0 .000 .000 .000 MEDICAL 0 0 0 .000 .000 .000 .000 SURGERY 0 0 0 .000 .000 .000 .000 PATHOLOGY 0 0 0.00 .000 .000 .000 RADIOLOGY 0 0 0 .000 .000 .000 .000 RADIOLOGY 0 0 0 .000 .000 .000 .000		•									
TRANSITIONAL IP CARE 0 0 0 .00 .00 .000 .000 ALL OTHER ACCOM 0 0 .00 .00 .000 .000 ANCILLARIES 0 0 0 .00 .00 .00 .000 .000 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .000 .000 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .000 .000 MEDICAL 0 0 0 .00 .00 .00 .000 .000 SURGERY 0 0 0 .00 .00 .00 .000 .000 PATHOLOGY 0 0 .00 .00 .00 .000 .000 RADIOLOGY 0 0 .00 .00 .000 .000 .000		0									
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	-		.00		.00	.000		.00	
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0					.00	.000		.00	
INPATIENT CROSSOVERS         0         0         .00         .00         .00         .00           ALL OTHER INPATIENT         0         0         .00         .00         .00         .00           CO HOSP OUTPATIENT TOTAL         0         0         .00         .00         .00         .00           MEDICAL         0         0         .00         .00         .00         .00           SURGERY         0         0         .00         .00         .00         .00           PATHOLOGY         0         0         .00         .00         .00         .00           RADIOLOGY         0         0         .00         .00         .00         .00	ALL OTHER ACCOM	0	•		.00		.00	.000		.00	
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL       0       0       .00       .00       .00       .00       .00         MEDICAL       0       0       .00       .00       .00       .00       .00         SURGERY       0       0       .00       .00       .00       .00       .00         PATHOLOGY       0       0       .00       .00       .00       .00       .00         RADIOLOGY       0       0       .00       .00       .00       .00       .00	INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
MEDICAL       0       0       .00       .00       .00       .00         SURGERY       0       0       .00       .00       .00       .00         PATHOLOGY       0       0       .00       .00       .00       .00         RADIOLOGY       0       0       .00       .00       .00       .00	ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
SURGERY       0       0       .00       .00       .00       .00         PATHOLOGY       0       0       .00       .00       .00       .00         RADIOLOGY       0       0       .00       .00       .00       .00	CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
SURGERY       0       0       .00       .00       .00       .00         PATHOLOGY       0       0       .00       .00       .00       .00         RADIOLOGY       0       0       .00       .00       .00       .00		0	0					.000			
PATHOLOGY         0         0         .00         .00         .00         .00           RADIOLOGY         0         0         .00         .00         .00         .00	SURGERY	0	0					.000		.00	
RADIOLOGY 0 0 .00 .00 .00 .00	PATHOLOGY	0	0		.00			.000			
	RADIOLOGY	0	0								
ROOM USE 0 0 .00 .00 .00 .00	ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00	CROSSOVERS/ALL OTH OUTPTNT	0	0								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

----- MONTHLY AVERAGE -1,827 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C

		OR DAYS OF CAR	E		PEF	NIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	256	2,747	\$	39,432.72			1.504	\$ 154.03	\$
DURABLE MED. EQUIP.	16	30		4,162.63		138.75	.016	260.16	
BLOOD BANK	0	0		.00		.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00	
MEDICAL TRANSPORTATION	34	838		12,882.32		15.37	.459	378.89	
AMBULANCES/AIR TRANS	29	460		7,085.33		15.40	.252	244.32	
OTHER TRANS	4	360		564.94		1.57	.197	141.24	
OTHER SERVICES	12	18		5,232.05		290.67	.010	436.00	
ACUPUNCTURE	0	0		.00		.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	
OPTICIAN	71	187		1,880.78		10.06	.102	26.49	
PHYSICAL THERAPIST	7	57		871.37		15.29	.031	124.48	
PORTABLE X-RAY	0	0		.00		.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	20		3,858.48		192.92	.011	3858.48	
PROSTHETICS	1	20		3,858.48		192.92	.011	3858.48	
ORTHOTICS	0	0		.00		.00	.000	.00	
PSYCHOLOGIST	0	0		.00		.00	.000	.00	
SPEECH AND AUDIOLOGY	1	4		7.64		1.91	.002	7.64	
HOSPICE SERVICES	0	0		.00		.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	
LOCAL EDUCATION AGENCIES	26	1,195		7,867.94		6.58	.654	302.61	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	
ALL OTHER PROVIDERS	110	416		7,901.56		18.99	.228	71.83	
@CALIF. CHILDREN SERVICES*	3	30	\$	4,839.88	\$	161.33	.016	\$ 1613.29	\$
@XOVER EXCLUDING STATE HOSP**	466	3,938	\$	50,445.63	\$	12.81	2.155	\$ 108.25	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
MOP024 FEE-FOR-SERVICE/DENTAL

Definition   Def								Mo	TNC	HLY AVERA	GE	-
### SPITAL, ALL PROVIDERS 13,497 63,147 \$ 3,983,017,93 \$ 63.08 2.484 \$ 255.10 \$ 5	25,426 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST					C
### CUTPATIENT VISITS 500 614 24.29.10 39.58 .0.24 48.60   OFFICE VISITS 401 449 17.232.48 38.38 .0.08 42.97   ### EMEM VISITS 0 0 0 0 .0.00 .0.00 .0.00   ### EMEM VISITS 0 0 0 0 .0.00 .0.00 .0.00 .0.00   ### EMEM VISITS 0 0 0 0 .0.00 .0.00 .0.00 .0.00   ### EMEM VISITS 0 0 0 0 .0.00 .0.	,		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		E
### CUTPATIENT VISITS 500 614 24.29.10 39.58 .0.24 48.60   OFFICE VISITS 401 449 17.232.48 38.38 .0.08 42.97   ### EMEM VISITS 0 0 0 0 .0.00 .0.00 .0.00   ### EMEM VISITS 0 0 0 0 .0.00 .0.00 .0.00 .0.00   ### EMEM VISITS 0 0 0 0 .0.00 .0.00 .0.00 .0.00   ### EMEM VISITS 0 0 0 0 .0.00 .0.	@TOTAL, ALL PROVIDERS	13,497			3,983,017.93		,		Ś		\$	
OUTPATIENT VISITS		2.316						.184	Ė			
OFFICE VISITS			•	7	•	т.			т		т.	
## HOME VISITS					•							
EMBRGENCY ROOM					17,232.40							
PREVENTIVE CARE		-	•									
OB VISITS/COMPER PERI   19					•							
OTHER OUTPATIENT   12			•									
INPATIENT VISITS 71 389 35,601.89 91.52 .015 501.44 HOSPITAL VISITS 53 122 6.127.18 50.22 .005 115.61 CRITICAL CARE 20 266 29,402.61 110.54 .010 1470.13 SNF/ICF/TRANS IP CARE 1 1 1 72.10 .000 72.10 .000 72.10 OPHTHALMOLOGICAL SERVICES 29 36 1,273.27 35.37 .001 43.91 SEXMINIARIONS 29 36 1,273.27 35.37 .001 43.91 SEXVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	· · · · · · · · · · · · · · · · · · ·				•							
HOSPITAL VISITS												
CRITICAL CARE 20 266 29.402.61 110.54 .010 1470.13 SNF/ICP/TRANS IP CARE 1 1 1 72.10 72.10 70.00 72.10 OPHTHALMOLOGICAL SERVICES 29 36 1,273.27 35.37 .001 43.91 EXAMINATIONS 29 36 1,273.27 35.37 .001 43.91 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00					•							
SNF/ICP/TRANS IP CARE   1												
OPHTHALMOLOGICAL SERVICES   29   36					•							
EXAMINATIONS 29 36 1,273.27 35.37 .001 43.91 SERVICES AND MATERIALS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	SNF/ICF/TRANS IP CARE		1		72.10		72.10	.000		72.10		
SERVICES AND MATERIALS   0   0   0   0   0   0   0   0   0	OPHTHALMOLOGICAL SERVICES	29	36				35.37	.001		43.91		
INPATIENT HOSPITAL SURGERY	EXAMINATIONS	29	36		1,273.27		35.37	.001		43.91		
PRINCIPAL SURGEON 46 4 4 598.60 501.82 .002 534.54 ASSISTANT SURGEON 4 4 4 598.60 149.65 .000 149.65 .	SERVICES AND MATERIALS	0	0				.00	.000		.00		
PRINCIPAL SURGEON 46 4 4 598.60 501.82 .002 534.54 ASSISTANT SURGEON 4 4 4 598.60 149.65 .000 149.65 .	INPATIENT HOSPITAL SURGERY	63	255		29,476.15		115.59	.010		467.88		
ASSISTANT SURGEON 4 4 4 4 598.60 149.65 .000 149.65 ANESTHESIOLOGIST 16 202 4.288.59 21.23 .008 268.04 OUTPATIENT SURGERY 166 458 40,190.40 87.75 .018 242.11 PRINCIPAL SURGEON 159 206 38,306.46 185.95 .008 240.92 ASSISTANT SURGEON 1 1 1 134.77 .000 134.77 ANESTHESIOLOGIST 9 251 1,749.17 6.97 .010 194.35 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 134 295 4,434.98 15.03 .012 33.10 PATHOLOGY 1,530 2,167 52,073.38 24.03 .085 34.03 PSYCHIATRY 0 0 0 1.00 .00 .00 .00 .00 .00 .00 .00												
ANESTRESIOLOGIST 16 202 4,288.59 21.23 .008 268.04 OUTPATIENT SURGERY 166 458 40,190.40 87.75 .018 242.11 PRINCIPAL SURGEON 159 206 38,306.46 185.95 .008 240.92 ASSISTANT SURGEON 1 1 1 134.77 134.77 .000 134.77 ANESTRESIOLOGIST 9 251 1,749.17 6.97 .010 194.35 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 134 295 4,434.98 15.03 .012 33.10 PATHOLOGY 1,530 2,167 52,073.38 24.03 .085 34.03 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 22 466 540.81 11.76 .002 24.58 OTHER SERVICES/ALL X-OVERS 232 406 12,054.36 29.69 .016 51.96 PHARMACY 6,383 15,790 903.181.59 \$57.20 .612 141.50 \$PHARMACY 6,383 15,790 \$903.181.59 \$57.20 .612 141.50 \$PHARMACY 6,384 15.561 889,968.93 57.19 .612 140.26 SINFICE 1 1 8.53 8.53 8.53 .000 8.53 OUTPATIENTS 6,344 15.560 889,960.40 57.20 .612 140.28 MEDICAL SUPPLIES 155 229 13,212.66 57.70 .009 85.24 \$PHARMACY 151 151 925 \$40,805.00 \$44.11 .036 \$270.23 \$PHARMACY 152 155 229 13,212.66 57.70 .009 85.24 \$PHARMACY 152 155 250 00 00 00 00 00 00 00 00 00 00 00 00 0												
OUTPATIENT SURGERY												
PRINCIPAL SURGEON 159 206 38,306.46 185.95 .008 240.92 ASSITANT SURGEON 1 1 1 124.77 134.77 .000 134.77 ANESTHESIOLOGIST 9 251 1,749.17 6.97 .010 194.35 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00					•							
ASSISTANT SURGEON ANESTHESIOLOGIST 9 251 1,749.17 6.97 .010 134.77  DIALYSIS 0 0 0 .00 .00 .00 .00 .00  PATHOLOGY 134 295 4,434.98 15.03 .012 33.10  RADIOLOGY 1,530 2,167 52.073.8 24.03 .085 34.03  PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00  IMMUNIZATION AND INJECTION 22 46 540.81 11.76 .002 24.58  OTHER SERVICES/ALL X-OVERS 232 406 12,054.36 29.69 .016 51.96  OPHARMACY 6,383 15,790 903,181.59 \$57.20 .621 \$141.50 \$  PRESCRIPTION DRUGS 6,345 15,561 889,968.93 57.19 .612 140.26  SNF/ICF 1 1 8.853 8.53 .000 8.53  MEDICAL SUPPLIES 155 229 13,212.66 57.70 .009 85.24  MEDICAL SUPPLIES 155 229 13,212.66 57.70 .009 85.24  ODENTIST 151 925 \$40,805.00 \$44.11 .036 \$270.23 \$  VISITS - DIAGNOSTIC 122 466 7,483.00 16.06 .018 61.34  ORAL SURGERY 50 238 16,399.00 68.90 .009 327.98  DRUGS 0 0 0 0 0.00 .00  ANESTHESIA 19 19 2,000.00 105.26 .001 105.26  ENDODONTICS 10 10 16 1,273.00 79.56 .001 127.30  RESTORATIVE DENTISTRY 39 150 6,945.00 46.30 .006 178.08  PERSTORATIVE DENTISTRY 39 150 6,945.00 349.67 .001 582.78  PRESTORATIVE DENTISTRY 39 150 6,945.00 349.67 .001 582.78  PRESTORATIVED DENTISTRY 39 150 5,945.00 349.67 .001 582.78  SPACE MAINTAINERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					•							
ANESTHESIOLOGIST 9 251 1,749.17 6.97 .010 194.35 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 134 295 4,434.98 15.03 .012 33.10 RADIOLOGY 1,530 2,167 52,073.38 24.03 .085 34.03 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 22 46 540.81 11.76 .002 24.58 OTHER SERVICES/ALL X-OVERS 232 406 12,054.36 29.69 .016 51.96 PHARMACY 6,383 15,790 \$ 903,181.59 \$ 57.20 .621 \$ 141.50 \$ PRESCRIPTION DRUGS 6,345 15,561 889,968.93 57.19 .612 140.26 SNF/ICF 1 1 8.85 38.53 .000 8.53 OUTPATIENTS 6,344 15,560 889,960.40 57.20 .612 140.28 PEDICAL SUPPLIES 155 229 13,212.66 57.70 .009 85.24 POENTISTY 151 925 \$ 40,805.00 \$ 44.11 .036 \$ 270.23 \$ VISITS - DIAGNOSTIC 122 466 7,483.00 16.06 .018 61.34 ORAL SURGERY 50 238 16,399.00 68.90 .009 327.98 DRUGS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00					•							
DIALYSIS         0         0         .00 <td></td>												
PATHOLOGY 134 295 4,434.98 15.03 .012 33.10 RADIOLOGY 1,530 2,167 52,073.38 24.03 .085 34.03 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00					,							
RADIOLOGY 1,530 2,167 52,073.38 24.03 .085 34.03 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00			•									
PSYCHIATRY   0					•							
IMMUNIZATION AND INJECTION   22   46					•							
OTHER SERVICES/ALL X-OVERS 232 406 12,054.36 29.69 .016 51.96												
@PHARMACY         6,383         15,790         \$ 903,181.59         \$ 57.20         .621         \$ 141.50         \$ PRESCRIPTION DRUGS         6,345         15,561         889,968.93         57.19         .612         140.26         140.26         \$ 140.26         \$ 140.26         \$ 140.26         \$ 140.26         \$ 140.26         \$ 140.28         \$ 140.28         \$ 150         \$ 889,960.40         \$ 57.20         .612         140.28         \$ 140.21         \$ 140.28         \$ 140.28         \$ 140.21         \$ 140.28         \$ 140.28         \$ 140.21         \$ 140.28	IMMUNIZATION AND INJECTION				540.81					24.58		
SNF/ICF         1         1         8.53         8.53         .000         8.53           OUTPATIENTS         6,344         15,560         889,960.40         57.20         .612         140.28           MEDICAL SUPPLIES         155         229         13,212.66         57.70         .009         85.24           ©DENTIST         151         925         \$ 40,805.00         \$ 44.11         .036         \$ 270.23         \$           VISITS - DIAGNOSTIC         122         466         7,483.00         16.06         .018         61.34           ORAL SURGERY         50         238         16,399.00         68.90         .009         327.98           DRUGS         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIA         19         19         2,000.00         105.26         .001         105.26         .001         105.26         .001         105.26         .001         .105.26         .001         .105.26         .001         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	OTHER SERVICES/ALL X-OVERS				12,054.36					51.96		
SNF/ICF         1         1         8.53         8.53         .000         8.53           OUTPATIENTS         6,344         15,560         889,960.40         57.20         .612         140.28           MEDICAL SUPPLIES         155         229         13,212.66         57.70         .009         85.24           ©DENTIST         151         925         \$ 40,805.00         \$ 44.11         .036         \$ 270.23         \$           VISITS - DIAGNOSTIC         122         466         7,483.00         16.06         .018         61.34           ORAL SURGERY         50         238         16,399.00         68.90         .009         327.98           DRUGS         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIA         19         19         2,000.00         105.26         .001         105.26         .001         105.26         .001         105.26         .001         .105.26         .001         .105.26         .001         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	@PHARMACY	6,383	15,790	\$	903,181.59	\$	57.20	.621	\$	141.50	\$	
OUTPATIENTS         6,344         15,560         889,960.40         57.20         .612         140.28           MEDICAL SUPPLIES         155         229         13,212.66         57.70         .009         85.24           @DENTIST         151         925         \$ 40,805.00         \$ 44.11         .036         \$ 270.23         \$           VISITS - DIAGNOSTIC         122         466         7,483.00         16.06         .018         61.34           ORAL SURGERY         50         238         16,399.00         68.90         .009         327.98           DRUGS         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIA         19         19         2,000.00         105.26         .001         105.26         .001         105.26         .001         .00	PRESCRIPTION DRUGS	6,345	15,561		889,968.93		57.19	.612		140.26		
OUTPATIENTS         6,344         15,560         889,960.40         57.20         .612         140.28           MEDICAL SUPPLIES         155         229         13,212.66         57.70         .009         85.24           @DENTIST         151         925         40,805.00         \$44.11         .036         \$270.23         \$           VISITS - DIAGNOSTIC         122         466         7,483.00         16.06         .018         61.34           ORAL SURGERY         50         238         16,399.00         68.90         .009         327.98           DRUGS         0         0         .00         .00         .00         .00         .00           ANESTHESIA         19         19         2,000.00         105.26         .001         105.26           PERIODONTICS         0         0         .00         .00         .00         .00         .00           ENDODONTICS         10         16         1,273.00         79.56         .001         127.30           RESTORATIVE DENTISTRY         39         150         6,945.00         46.30         .006         178.08           PROSTHETICS         0         0         .00         .00         .00	SNF/ICF	1	1		8.53		8.53	.000		8.53		
MEDICAL SUPPLIES         155         229         13,212.66         57.70         .009         85.24           @DENTIST         151         925         \$ 40,805.00         \$ 44.11         .036         \$ 270.23         \$           VISITS - DIAGNOSTIC         122         466         7,483.00         16.06         .018         61.34           ORAL SURGERY         50         238         16,399.00         68.90         .009         327.98           DRUGS         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIA         19         19         2,000.00         105.26         .001         105.26         .001         .105.26         .00	OUTPATIENTS	6,344	15,560		889,960.40		57.20			140.28		
## OPENTIST   151   925		155	229		13,212.66		57.70	.009		85.24		
VISITS - DIAGNOSTIC         122         466         7,483.00         16.06         .018         61.34           ORAL SURGERY         50         238         16,399.00         68.90         .009         327.98           DRUGS         0         0         .00         .00         .00         .00         .00           ANESTHESIA         19         19         2,000.00         105.26         .001         105.26           PERIODONTICS         0         0         .00         .00         .00         .00         .00           ENDODONTICS         10         16         1,273.00         79.56         .001         127.30         RESTORATIVE DENTISTRY         39         150         6,945.00         46.30         .006         178.08         178.08         PROSTHETICS         0         .0				Ś	•	Ś			Ġ		Ś	
ORAL SURGERY       50       238       16,399.00       68.90       .009       327.98         DRUGS       0       0       .00       .00       .000       .000       .00         ANESTHESIA       19       19       2,000.00       105.26       .001       105.26         PERIODONTICS       0       0       .00       .00       .000       .000       .00         ENDODONTICS       10       16       1,273.00       79.56       .001       127.30         RESTORATIVE DENTISTRY       39       150       6,945.00       46.30       .006       178.08         PROSTHETICS       0       0       .00       .00       .00       .00       .00         DENTURES, STAYPLATES       9       15       5,245.00       349.67       .001       582.78         SPACE MAINTAINERS       0       0       .00       .00       .00       .00       .00         MAXILLOFACIAL SERVICES       5       5       250.00       50.00       .00       .00         FRACTURES, DISLOCATIONS       0       0       .00       .00       .00       .00       .00         ORTHODONTIC SERVICES       8       10       1,135.00 <td></td> <td>122</td> <td></td> <td>7</td> <td>•</td> <td>т.</td> <td></td> <td></td> <td>т</td> <td></td> <td>-T</td> <td></td>		122		7	•	т.			т		-T	
DRUGS         0         0         .00         .00         .00         .00           ANESTHESIA         19         19         2,000.00         105.26         .001         105.26           PERIODONTICS         0         0         .00         .00         .00         .00         .00           ENDODONTICS         10         16         1,273.00         79.56         .001         127.30           RESTORATIVE DENTISTRY         39         150         6,945.00         46.30         .006         178.08           PROSTHETICS         0         0         .00         .00         .00         .00         .00           DENTURES, STAYPLATES         9         15         5,245.00         349.67         .001         582.78           SPACE MAINTAINERS         0         0         .00         .00         .00         .00         .00           MAXILLOFACIAL SERVICES         5         5         250.00         50.00         .00         50.00           FRACTURES, DISLOCATIONS         0         0         .00         .00         .00         .00         .00           ORTHODONTIC SERVICES         8         10         1,135.00         113.50         .000					•							
ANESTHESIA 19 19 2,000.00 105.26 .001 105.26 PERIODONTICS 0 0 0 .00 .00 .00 .00 ENDODONTICS 10 16 1,273.00 79.56 .001 127.30 RESTORATIVE DENTISTRY 39 150 6,945.00 46.30 .006 178.08 PROSTHETICS 0 0 0 .00 .00 .00 .00 DENTURES, STAYPLATES 9 15 5,245.00 349.67 .001 582.78 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 5 5 250.00 50.00 .000 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .000 ORTHODONTIC SERVICES 8 10 1,135.00 113.50 .000 141.88					•							
PERIODONTICS         0         0         .00         .00         .00         .00           ENDODONTICS         10         16         1,273.00         79.56         .001         127.30           RESTORATIVE DENTISTRY         39         150         6,945.00         46.30         .006         178.08           PROSTHETICS         0         0         .00         .00         .00         .00         .00           DENTURES, STAYPLATES         9         15         5,245.00         349.67         .001         582.78           SPACE MAINTAINERS         0         0         .00         .00         .00         .00           MAXILLOFACIAL SERVICES         5         5         250.00         50.00         .00         50.00           FRACTURES, DISLOCATIONS         0         0         .00         .00         .00         .00         .00           ORTHODONTIC SERVICES         8         10         1,135.00         113.50         .000         141.88			•									
ENDODONTICS 10 16 1,273.00 79.56 .001 127.30 RESTORATIVE DENTISTRY 39 150 6,945.00 46.30 .006 178.08 PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 9 15 5,245.00 349.67 .001 582.78 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 5 5 250.00 50.00 .00 50.00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 8 10 1,135.00 113.50 .000 141.88					,							
RESTORATIVE DENTISTRY       39       150       6,945.00       46.30       .006       178.08         PROSTHETICS       0       0       .00       .00       .00       .00       .00         DENTURES, STAYPLATES       9       15       5,245.00       349.67       .001       582.78         SPACE MAINTAINERS       0       0       .00       .00       .000       .000         MAXILLOFACIAL SERVICES       5       5       250.00       50.00       .000       50.00         FRACTURES, DISLOCATIONS       0       0       .00       .00       .000       .000       .00         ORTHODONTIC SERVICES       8       10       1,135.00       113.50       .000       141.88		•	· ·									
PROSTHETICS       0       0       .00       .00       .00       .00         DENTURES, STAYPLATES       9       15       5,245.00       349.67       .001       582.78         SPACE MAINTAINERS       0       0       .00       .00       .00       .00         MAXILLOFACIAL SERVICES       5       5       250.00       50.00       .00       50.00         FRACTURES, DISLOCATIONS       0       0       .00       .00       .00       .00       .00         ORTHODONTIC SERVICES       8       10       1,135.00       113.50       .000       141.88					•							
DENTURES, STAYPLATES       9       15       5,245.00       349.67       .001       582.78         SPACE MAINTAINERS       0       0       .00       .00       .00       .00         MAXILLOFACIAL SERVICES       5       5       250.00       50.00       .00       50.00         FRACTURES, DISLOCATIONS       0       0       .00       .00       .00       .00         ORTHODONTIC SERVICES       8       10       1,135.00       113.50       .000       141.88					•							
SPACE MAINTAINERS       0       0       .00       .00       .00       .00         MAXILLOFACIAL SERVICES       5       5       250.00       50.00       .00       50.00         FRACTURES, DISLOCATIONS       0       0       .00       .00       .00       .00         ORTHODONTIC SERVICES       8       10       1,135.00       113.50       .000       141.88		-	•									
MAXILLOFACIAL SERVICES       5       5       250.00       50.00       .00       50.00         FRACTURES, DISLOCATIONS       0       0       .00       .00       .00       .00         ORTHODONTIC SERVICES       8       10       1,135.00       113.50       .000       141.88	· · · · · · · · · · · · · · · · · · ·				,							
FRACTURES, DISLOCATIONS       0       0       .00       .00       .00       .00         ORTHODONTIC SERVICES       8       10       1,135.00       113.50       .000       141.88	SPACE MAINTAINERS											
ORTHODONTIC SERVICES 8 10 1,135.00 113.50 .000 141.88	MAXILLOFACIAL SERVICES				250.00		50.00	.000		50.00		
· · · · · · · · · · · · · · · · · · ·	FRACTURES, DISLOCATIONS		0		.00		.00	.000		.00		
ALL OTHER SERVICES 6 6 75.00 12.50 .000 12.50	ORTHODONTIC SERVICES	8	10		1,135.00		113.50	.000		141.88		
	ALL OTHER SERVICES	6	6		75.00		12.50	.000		12.50		

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS INPATIENT TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS	UNITS OF SERVIC	E E	EXPENDITURES	AV PE	ERAGE COST R UNIT/DAY	UNITS/DAY	31N I S	COST PER USER	C E
@OPTOMETRIST	416	1,145	\$	22,313.54	\$	19.49	.045	\$	53.64	\$
DIAGNOSTIC AND ANC. PROCED	297	468		12,025.73		25.70	.018		40.49	
EYE APPLIANCES	244	676		10,276.40		15.20	.027		42.12	
OTHER OPTOMETRIC SERVICES	1	1		11.41		11.41	.000		11.41	
@CHIROPRACTOR	164	242	\$	4,046.24	\$	16.72	.010	\$	24.67	\$
VISITS	164	242		4,046.24		16.72	.010		24.67	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	64	101	\$	3,313.12	\$	32.80	.004	\$	51.77	\$
MEDICINE/INJECTIONS	61	85		2,699.70		31.76	.003		44.26	
SURGERY/ANES.	3	3		377.14		125.71	.000		125.71	
RADIO./PATHOLOGY	8	11		188.59		17.14	.000		23.57	
OTHER	1	2		47.69		23.85	.000		47.69	
@HOME HEALTH AGENCY	8	180	\$	12,088.67	\$	67.16	.007	\$	1511.08	\$
NURSE ANESTHESIST	129	669	\$	13,412.40	\$	20.05	.026	\$	103.97	\$
NURSE MIDWIFE	62	138	\$	25,026.42	\$	181.35	.005	\$	403.65	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	1	4	\$	29.36	\$	7.34	.000	\$	29.36	\$
@TOTAL HOSPITAL	3,393	17,794	\$	1,643,653.51	\$	92.37	.700	\$	484.42	\$
HOSP INPATIENT TOTAL	168	670	·	1,070,594.65		1597.90	.026	•	6372.59	·
HSC HOSPITALS	14	90		131,116.50		1456.85	.004		9365.46	
NON-HSC HOSPITAL TOTAL	153	580		938,907.27		1618.81	.023		6136.65	
ACCOMMODATIONS	153	580		466,377.54		804.10	.023		3048.22	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	153	580		466,377.54		804.10	.023		3048.22	
ANCILLARIES	153	0		472,529.73		.00	.000		3088.43	
INPATIENT CROSSOVERS	2	0		570.88		.00	.000		285.44	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	3,323	17,124		573,058.86		33.47	.673		172.45	
MEDICAL	1,623	2,302		136,018.80		59.09	.091		83.81	
SURGERY	307	397		22,621.03		56.98	.016		73.68	
PATHOLOGY	1,371	4,972		61,564.26		12.38	.196		44.90	
RADIOLOGY	1,221	1,654		110,540.09		66.83	.065		90.53	
ROOM USE	1,938	2,941		110,932.52		37.72	.116		57.24	
CROSSOVERS/ALL OTH OUTPTNT	1,534	4,858		131,382.16		27.04	.191		85.65	
@COUNTY HOSPITAL TOTAL	10	47	\$	1,536.43	\$	32.69	.002	\$	153.64	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	10	47		1,536.43		32.69	.002		153.64	
MEDICAL	4	5		288.46		57.69	.000		72.12	
SURGERY	1	3		61.68		20.56	.000		61.68	
PATHOLOGY	5	15		300.64		20.04	.001		60.13	

----- MONTHLY AVERAGE -

RADIOLOGY	2	2	74.27	37.14	.000	37.14
ROOM USE	6	11	488.25	44.39	.000	81.38
CROSSOVERS/ALL OTH OUTPTNT	5	11	323.13	29.38	.000	64.63

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR MEDICA	LLY NE	EEDY - FAMILIES						
									HLY AVERA	
25,426 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY		COST PER	C
		OR DAYS OF CAR				UNIT/DAY			USER	E
@COMMUNITY HOSPITAL TOTAL	3,383	17,747	\$	1,642,117.08	\$	92.53	.698	\$	485.40	\$
COMM HOSP INPATIENT TOTAL	168	670		1,070,594.65	1	597.90	.026		6372.59	
HSC HOSPITALS	14	90		131,116.50	1	456.85	.004		9365.46	
NON-HSC HOSPITALS TOTAL	153	580		938,907.27	1	618.81	.023		6136.65	
ACCOMMODATIONS	153	580		466,377.54		804.10	.023		3048.22	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	153	580		466,377.54		804.10	.023		3048.22	
ANCILLARIES	153	0		472,529.73		.00	.000		3088.43	
INPATIENT CROSSOVERS	2	0		570.88		.00	.000		285.44	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	3,313	17,077		571,522.43		33.47	.672		172.51	
MEDICAL	1,619	2,297		135,730.34		59.09	.090		83.84	
SURGERY	306	394		22,559.35		57.26	.015		73.72	
PATHOLOGY	1,366	4,957		61,263.62		12.36	.195		44.85	
RADIOLOGY	1,219	1,652		110,465.82		66.87	.065		90.62	
ROOM USE	1,932	2,930		110,444.27		37.69	.115		57.17	
CROSSOVERS/ALL OTH OUTPTNT		4,847		131,059.03		27.04	.191		85.72	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	\$
MENTALLY ILL	0	0	τ	.00	τ	.00	.000	т	.00	т
DEVELOP. DISABLED	Ö	0		.00		.00	.000		.00	
@NURSING FACILITY	1	12	\$	1,521.60	\$	126.80	.000	\$	1521.60	\$
LEV A-INTERMEDIATE	0	0	٧	.00	Y	.00	.000	۲	.00	۲
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	1	12		1,521.60		126.80	.000		1521.60	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ġ	.00	\$
ICF DDH	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00		\$	.00	\$
HOSPITAL BASED	0	0	Ą	.00	ې	.00	.000	ې	.00	ې
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	9	31	\$	811.59	\$	26.18	.001	بع		\$
	9	31	Þ		Þ			Þ	90.18	Þ
HOSPITAL BASED	0			811.59		26.18	.001		90.18	
INDEPENDENT FACILITY	•	0	à	.00	Å	.00	.000	4	.00	4
@LABORATORY FACILITY	1,137	3,033	\$	48,597.92	\$	16.02	.119	Ş	42.74	\$
PATHOLOGY	1,137	3,033		48,597.92		16.02	.119		42.74	
XO AND OTHERS	0	0		.00		.00	.000		.00	4
@ORGANIZED OUTPATIENT CLINIC	5,745	7,966	\$	917,371.60	\$	115.16	.313	Ş	159.68	\$
CLINIC	35	136		5,730.31		42.13	.005		163.72	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	5,716	7,830		911,641.29		116.43	.308		159.49	

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

DEL NORTE COUNTT	DOMMANT OF DER	VICES FOR MEDICA.	UUI 14.	EEDI - LAMITIES					
						MON		AGE -	
25,426 ELIGIBLES	USERS	UNITS OF SERVIC	Ε	EXPENDITURES			COST PER	C	
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	E	
@ALL OTHER PROVIDERS	871	10,451	\$	146,901.03	\$ 14.06	.411 \$	168.66	\$	
DURABLE MED. EQUIP.	16	26		2,989.85	114.99	.001	186.87		
BLOOD BANK	0	0		.00	.00	.000	.00		
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		
MEDICAL TRANSPORTATION	152	5,041		95,734.57	18.99				
AMBULANCES/AIR TRANS	149	4,978		68,551.02	13.77	.196	460.07		
OTHER TRANS	1	3		33.11	11.04	.000	33.11		
OTHER SERVICES	54	60		27,150.44	452.51	.002	502.79		
ACUPUNCTURE	1	1		17.38	17.38	.000	17.38		
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		
GENETIC DISEASE TESTING	48	48		5,040.00	105.00	.002	105.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	2	19		1,486.31	78.23	.001	743.16		
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		
OPTICIAN	284	633		5,543.34	8.76	.025	19.52		
PHYSICAL THERAPIST	106	790		12,297.36	15.57	.031	116.01		
PORTABLE X-RAY	0	0		.00	.00	.000	.00		
PROSTHETIST/ORTHOTISTS	6	14		2,456.76	175.48	.001	409.46		
PROSTHETICS	6	14		2,456.76	175.48	.001	409.46		
ORTHOTICS	0	0		.00	.00	.000	.00		
PSYCHOLOGIST	0	0		.00	.00	.000	.00		
SPEECH AND AUDIOLOGY	19	50		2,315.49	46.31	.002	121.87		
HOSPICE SERVICES	0	0		.00	.00	.000	.00		
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		
LOCAL EDUCATION AGENCIES	201	1,401		15,516.20	11.08	.055	77.20		
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		
ALL OTHER PROVIDERS	55	2,428		3,503.77	1.44	.095	63.70		
@CALIF. CHILDREN SERVICES*	41	837	\$	195,281.70	\$ 233.31	.033	4762.97	\$	
@XOVER EXCLUDING STATE HOSP**	63	1,085	\$	3,061.25	\$ 2.82	.043	48.59	\$	
@* TOTALS IN THESE LINES ARE	CIVEN AC A CEDA	DATE INFODMATION	TTEM	ONT.V.					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

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DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

					MON	THLY AVERA	GE -
30,238 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	18,730	142,702 \$	8,303,672.61	\$ 58.19	4.719 \$	443.34	\$
@PHYSICIANS SERVICES	3,107	7,537 \$	297,734.22	\$ 39.50	.249 \$	95.83	\$
OUTPATIENT VISITS	579	731	29,136.60	39.86	.024	50.32	
OFFICE VISITS	466	550	20,940.50	38.07	.018	44.94	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	85	97	5,413.52	55.81	.003	63.69	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	19	70	2,275.07	32.50	.002	119.74	
OTHER OUTPATIENT	14	14	507.51	36.25	.000	36.25	
INPATIENT VISITS	87	456	38,274.93	83.94	.015	439.94	

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	67	186	8,611.12	46.30	.00	6	128.52	
CRITICAL CARE	21	267	29,524.21	110.58	.00	9	1405.91	
SNF/ICF/TRANS IP CARE	3	3	139.60	46.53	.00	0	46.53	
OPHTHALMOLOGICAL SERVICES	35	44	1,556.46	35.37	.00	1	44.47	
EXAMINATIONS	35	44	1,556.46	35.37	.00	1	44.47	
SERVICES AND MATERIALS	0	0	.00	.00	.00	0	.00	
INPATIENT HOSPITAL SURGERY	73	332	33,353.20	100.46	.01	1	456.89	
PRINCIPAL SURGEON	53	58	27,575.02	475.43	.00	2	520.28	
ASSISTANT SURGEON	4	4	598.60	149.65	.00	0	149.65	
ANESTHESIOLOGIST	20	270	5,179.58	19.18	.00	9	258.98	
OUTPATIENT SURGERY	188	511	46,838.46	91.66	.01	7	249.14	
PRINCIPAL SURGEON	180	230	44,479.69	193.39	.00	8	247.11	
ASSISTANT SURGEON	2	2	223.38	111.69	.00	0	111.69	
ANESTHESIOLOGIST	11	279	2,135.39	7.65	.00	9	194.13	
DIALYSIS	0	0	.00	.00	.00	0	.00	
PATHOLOGY	164	404	5,651.64	13.99	.01	3	34.46	
RADIOLOGY	1,658	2,496	61,442.86	24.62	.08	3	37.06	
PSYCHIATRY	0	0	.00	.00	.00	0	.00	
IMMUNIZATION AND INJECTION	38	609	34,827.15	57.19	.02	0	916.50	
OTHER SERVICES/ALL X-OVERS	832	1,954	46,652.92	23.88	.06	5	56.07	
@PHARMACY	9,971	61,357	\$ 2,511,374.58	\$ 40.93	2.02	9	\$ 251.87	\$
PRESCRIPTION DRUGS	9,829	33,148	2,471,018.90	74.55	1.09	6	251.40	
SNF/ICF	585	4,637	319,338.40	68.87	.15	3	545.88	
OUTPATIENTS	9,247	28,511	2,151,680.50	75.47	.94	3	232.69	
MEDICAL SUPPLIES	441	28,209	40,355.68	1.43	.93		91.51	
@DENTIST	214	1,171	\$ 53,906.00	\$ 46.03	.03	9	\$ 251.90	\$
VISITS - DIAGNOSTIC	164	572	8,907.00	15.57	.01	9	54.31	
ORAL SURGERY	56	329	21,470.00	65.26	.01	1	383.39	
DRUGS	0	0	.00	.00	.00	0	.00	
ANESTHESIA	24	25	2,500.00	100.00	.00	1	104.17	
PERIODONTICS	2	2	173.00	86.50	.00	0	86.50	
ENDODONTICS	10	16	1,273.00	79.56	.00	1	127.30	
RESTORATIVE DENTISTRY	46	161	7,568.00	47.01	.00	5	164.52	
PROSTHETICS	0	0	.00	.00	.00	0	.00	
DENTURES, STAYPLATES	28	41	10,555.00	257.44	.00	1	376.96	
SPACE MAINTAINERS	0	0	.00	.00	.00	0	.00	

## MAXILLOFACIAL SERVICES 5 5 250.00 50.00 .000 50.00 0 0 FRACTURES, DISLOCATIONS .000 .00 .00 .00 ORTHODONTIC SERVICES 10 1,135.00 113.50 .000 8 141.88

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10 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

12

ALL OTHER SERVICES

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30,238 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AV	ERAGE COST			COST PER	C
,		OR DAYS OF CAR	3			R UNIT/DAY			USER	E
@OPTOMETRIST	512	1,438	\$	27,704.28	\$		.048		54.11	\$
DIAGNOSTIC AND ANC. PROCED	337	534		13,618.47		25.50	.018		40.41	
EYE APPLIANCES	323	897		13,972.61		15.58	.030		43.26	
OTHER OPTOMETRIC SERVICES	5	7		113.20		16.17	.000		22.64	
@CHIROPRACTOR	178	264	\$	4,400.41	\$	16.67	.009	\$	24.72	\$
VISITS	168	248		4,146.56		16.72	.008		24.68	
OTHER SERVICES	10	16		253.85		15.87	.001		25.39	
@PODIATRIST	133	238	\$	4,977.01	\$	20.91	.008	\$	37.42	\$
MEDICINE/INJECTIONS	66	92		2,900.90		31.53	.003		43.95	
SURGERY/ANES.	3	3		377.14		125.71	.000		125.71	
RADIO./PATHOLOGY	8	11		188.59		17.14	.000		23.57	
OTHER	65	132		1,510.38		11.44	.004		23.24	
@HOME HEALTH AGENCY	13	241	\$	15,999.23	\$	66.39	.008	\$	1230.71	\$
NURSE ANESTHESIST	135	703	\$	13,959.75	\$	19.86	.023	\$	103.41	\$
NURSE MIDWIFE	62	138	\$	25,026.42	\$	181.35	.005	\$	403.65	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	1	4	\$ \$ \$ \$	29.36	\$	7.34	.000	\$	29.36	\$
@TOTAL HOSPITAL	3,984	20,250	\$	2,308,149.24	\$	113.98	.670	\$	579.35	\$
HOSP INPATIENT TOTAL	304	861		1,664,810.63		1933.58	.028		5476.35	
HSC HOSPITALS	15	91		132,146.50		1452.16	.003		8809.77	
NON-HSC HOSPITAL TOTAL	179	770		1,463,942.58		1901.22	.025		8178.45	
ACCOMMODATIONS	179	770		674,045.43		875.38	.025		3765.62	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	179	770		674,045.43		875.38	.025		3765.62	
ANCILLARIES	179	0		789,897.15		.00	.000		4412.83	
INPATIENT CROSSOVERS	111	0		68,721.55		.00	.000		619.11	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	3,839	19,389		643,338.61		33.18	.641		167.58	
MEDICAL	1,716	2,524		149,611.55		59.28	.083		87.19	
SURGERY	327	422		24,063.36		57.02	.014		73.59	
PATHOLOGY	1,464	5,466		67,679.01		12.38	.181		46.23	
RADIOLOGY	1,312	1,850		130,660.13		70.63	.061		99.59	
ROOM USE	2,014	3,081		116,585.99		37.84	.102		57.89	
CROSSOVERS/ALL OTH OUTPTNT		6,046		154,738.57		25.59	.200		80.01	
@COUNTY HOSPITAL TOTAL	11	50	\$	1,552.53	\$	31.05	.002	\$	141.14	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	

ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	11	50	1,552.53	31.05	.002	141.14
MEDICAL	4	5	288.46	57.69	.000	72.12
SURGERY	1	3	61.68	20.56	.000	61.68
PATHOLOGY	5	15	300.64	20.04	.000	60.13
RADIOLOGY	2	2	74.27	37.14	.000	37.14
ROOM USE	6	11	488.25	44.39	.000	81.38
CROSSOVERS/ALL OTH OUTPTNT	6	14	339.23	24.23	.000	56.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

DDD NORTH COONTI	BOHLEHET OF BEIN	VICES FOR FIEDER				MON'	ת מימונות על דווים	CE
30,238 ELIGIBLES	USERS	UNITS OF SERVIC	יסי	EXPENDITURES	AVERAGE COST		COST PER	C C
30,230 ELIGIBLES	USEKS	OR DAYS OF CAR		EXPENDITURES	PER UNIT/DAY		USER	E
ecomminately isocration momai	3,973		.e. \$	2 206 506 71			580.57	
@COMMUNITY HOSPITAL TOTAL		20,200	Ą	2,306,596.71	\$ 114.19	.668 \$		Þ
COMM HOSP INPATIENT TOTAL	304	861		1,664,810.63	1933.58	.028	5476.35	
HSC HOSPITALS	15	91		132,146.50	1452.16		8809.77	
NON-HSC HOSPITALS TOTAL	179	770		1,463,942.58	1901.22	.025	8178.45	
ACCOMMODATIONS	179	770		674,045.43	875.38	.025	3765.62	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	179	770		674,045.43	875.38	.025	3765.62	
ANCILLARIES	179	0		789,897.15	.00	.000	4412.83	
INPATIENT CROSSOVERS	111	0		68,721.55	.00	.000	619.11	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,828	19,339		641,786.08	33.19	.640	167.66	
MEDICAL	1,712	2,519		149,323.09	59.28	.083	87.22	
SURGERY	326	419		24,001.68	57.28	.014	73.62	
PATHOLOGY	1,459	5,451		67,378.37	12.36	.180	46.18	
RADIOLOGY	1,310	1,848		130,585.86	70.66	.061	99.68	
ROOM USE	2,008	3,070		116,097.74	37.82	.102	57.82	
CROSSOVERS/ALL OTH OUTPTNT		6,032		154,399.34	25.60	.199	80.08	
@STATE HOSPITAL	, 0	, 0	\$	.00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0	т	.00	.00	.000	.00	7
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	589	14,674	\$	1,736,574.45	\$ 118.34	.485 \$	2948.34	\$
LEV A-INTERMEDIATE	0	0	т	.00	.00	.000	.00	τ
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING		0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	589	14,674		1,736,574.45	118.34	.485	2948.34	
@INTERMEDIATE CARE FACILDD	0	14,074	\$	.00	\$ .00	.000 \$		\$
ICF DDH	0	0	۲	.00	.00	.000	.00	Y
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00		.00	ċ.
	0	0	Þ	.00	\$ .00 .00	.000 \$ .000	.00	\$
HOSPITAL BASED	0							
HEMODIALYSIS CENTER		0	4	.00	.00	.000	.00	à
@REHABILITATION FACILITY	10	37	\$	936.72	\$ 25.32	.001 \$	93.67	\$
HOSPITAL BASED	10	37		936.72	25.32	.001	93.67	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	1,195	3,238	\$	52,085.33	\$ 16.09	.107 \$		Ş
PATHOLOGY	1,194	3,237		52,076.83	16.09	.107	43.62	
XO AND OTHERS	1	1		8.50	8.50	.000	8.50	

@ORGANIZED OUTPATIENT CLINIC	6,657	9,587 \$	1,023,737.55	\$ 106.78	.317 \$	153.78	Ś
CLINIC	39	146	6,115.53		.005	156.81	۲
SURGICENTER	1	1	205.06	205.06		205.06	
HEROIN DETOX CLINIC	0	0	.00	.00		.00	
RURAL HEALTH CLINIC	6,623	9,440	1,017,416.96	107.78	.312	153.62	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					PA
MOP024	FEE-FOR-SERVIC				2000 111110 220	2000	
DEL NORTE COUNTY		VICES FOR MEDICALLY	NEEDY - TOTAL				
222 1101112 0001111	2011111111 01 0111	. 1 0 2 2 2 1 1 1 1 2 2 2 1 2 2 1	101111		MONT	THLY AVERA	AGE -
30,238 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
,		OR DAYS OF CARE		PER UNIT/DAY		USER	E
@ALL OTHER PROVIDERS	1,508	21,825 \$	227,078.06		.722 \$	150.58	\$
DURABLE MED. EQUIP.	, 50	726	23,742.43	32.70		474.85	•
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	207	7,125	110,974.03	15.58	.236	536.11	
AMBULANCES/AIR TRANS	178	5,438	75,636.35	13.91	.180	424.92	
OTHER TRANS	25	1,608	2,952.66	1.84	.053	118.11	
OTHER SERVICES	67	79	32,385.02	409.94		483.36	
ACUPUNCTURE	1	1	17.38	17.38	.000	17.38	
ADULT DAY HEALTH CARE CTR	0	0	.00			.00	
GENETIC DISEASE TESTING	48	48	5,040.00	105.00	.002	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	2	19	1,486.31	78.23	.001	743.16	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	440	1,046	9,652.11			21.94	
PHYSICAL THERAPIST	113	847	13,168.73	15.55		116.54	
PORTABLE X-RAY	1	2	.16	.08		.16	
PROSTHETIST/ORTHOTISTS	7	34	6,315.24				
PROSTHETICS	7	34	6,315.24	185.74	.001	902.18	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00		.00	
SPEECH AND AUDIOLOGY	24	58	4,018.23			167.43	
HOSPICE SERVICES	1	8	1,153.36	144.17		1153.36	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

0

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426

44

1,363

LOCAL EDUCATION AGENCIES

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES\*
@XOVER EXCLUDING STATE HOSP\*\*

ALL OTHER PROVIDERS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PAYMENT PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PAYMENT PAY

23,384.14

28,125.94

202,884.55

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200,121.58 \$ 230.82

9.01

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103.01

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66.02

.029 \$ 4548.22

.531 \$ 148.85

---- MONTHLY AVERAGE -

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.00

2,596

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867

16,069

9,315

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

							1.10	DIN I	TILL AVENCE	.ULI
2,881 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER	C
		OR DAYS OF CAR	3		PER	UNIT/DAY	PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	1,439	6,810	\$	430,034.90	\$	63.15	2.364	\$	298.84	\$
@PHYSICIANS SERVICES	229	428	\$	17,734.71	\$	41.44	.149	\$	77.44	\$
OUTPATIENT VISITS	87	113		4,480.27		39.65	.039		51.50	
OFFICE VISITS	56	71		2,395.30		33.74	.025		42.77	
HOME VISITS	0	0		.00		.00	.000		.00	

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EMERGENCY ROOM	21	29		1,672.40		57.67	.010		79.64	
PREVENTIVE CARE	0	0		.00		.00			.00	
OB VISITS/COMPRE PERI	2	4		113.58		28.40			56.79	
OTHER OUTPATIENT	9	9		298.99		33.22			33.22	
INPATIENT VISITS	8	35		3,127.36		89.35	.012		390.92	
HOSPITAL VISITS	6	22		1,452.96		66.04	.008		242.16	
CRITICAL CARE	2	13		1,674.40		128.80	.005		837.20	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	2	2		76.86		38.43	.001		38.43	
EXAMINATIONS	2	2		76.86		38.43			38.43	
SERVICES AND MATERIALS	0	2		.00		.00			.00	
INPATIENT HOSPITAL SURGERY	3	6		760.38		126.73			253.46	
PRINCIPAL SURGEON	2	6 2 0		713.37		356.69	.002		356.69	
	0	2								
ASSISTANT SURGEON	1	4		.00		.00			.00	
ANESTHESIOLOGIST	— — — — — — — — — — — — — — — — — — —			47.01		11.75			47.01	
OUTPATIENT SURGERY	14	35		2,196.16		62.75			156.87	
PRINCIPAL SURGEON	10	13		1,099.31		84.56			109.93	
ASSISTANT SURGEON	0	0		.00		.00			.00	
ANESTHESIOLOGIST	4	22		1,096.85		49.86			274.21	
DIALYSIS	0	0		.00		.00			.00	
PATHOLOGY	7	7		214.68		30.67			30.67	
RADIOLOGY	132	173		4,614.46		26.67	.060		34.96	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	2	3		15.00		5.00	.001		7.50	
PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS	23	54		2,249.54		41.66	.019		97.81	
@PHARMACY	631	1,463	\$	114,068.38		77.97		\$	180.77	\$
@PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS	626	1,395	·	109,003.07	•	78.14	.484	•	174.13	•
SNF/ICF	0	0		.00		.00			.00	
OUTPATIENTS	626	1,395		109,003.07		78.14	.484		174.13	
MEDICAL SUPPLIES	22	68		5,065.31		74.49			230.24	
@DENTIST	22	93	Ċ	3,685.00	\$	39.62	.032	¢		¢
VISITS - DIAGNOSTIC	16	61	٢	1,051.00	Y	17.23		Υ	65.69	Y
ORAL SURGERY	10	21		1,966.00		93.62	.007		245.75	
DRICC	8	0		•					.00	
DRUGS	0	0		.00		.00				
ANESTHESIA	4	0		400.00		100.00			100.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	3	3		43.00		14.33	.001		14.33	
	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00			.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	1	2		150.00		75.00	.001		150.00	
FRACTURES, DISLOCATIONS	0			.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	2	2		75.00		37.50	.001		37.50	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES I	MONTH-OF-PAYMENT RE	POR:	r for jan	2005 THRU	DEC	2005	PA
MODOOA	DDD DOD GDDIITGD/DDI	лп л т								

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

2,881 ELIGIBLES USERS UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @OPTOMETRIST 82 \$ 1,538.35 18.76 .028 \$ 46.62 \$ 33 DIAGNOSTIC AND ANC. PROCED 724.89 25.89 .010 40.27 18 28 EYE APPLIANCES 21 54 813.46 15.06 .019 38.74 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00

----- MONTHLY AVERAGE -

VISITS         0         0         .00         .00         .00         .00           OTHER SERVICES         0         0         .00         .00         .00         .00           @PODIATRIST         0         0         \$         .00         \$         .00         .00         \$           MEDICINE/INJECTIONS         0         0         .00         <	@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PODIATRIST         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00 <t< td=""><td>VISITS</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td></td></t<>	VISITS	0	0	.00	.00	.000	.00	
MEDICINE/INJECTIONS         0         0         .00	OTHER SERVICES	0	0	.00	.00	.000	.00	
SURGERY/ANES.       0       0       .00       .00       .00       .00         RADIO./PATHOLOGY       0       0       .00       .00       .00       .00         OTHER       0       0       .00       .00       .00       .00       .00         @HOME HEALTH AGENCY       1       7       \$       479.29       \$       68.47       .002       \$       479.29       \$         NURSE ANESTHESIST       8       33       \$       695.15       \$       21.07       .011       \$       86.89       \$         NURSE MIDWIFE       12       25       \$       4,405.13       \$       176.21       .009       \$       367.09       \$         PEDIATRIC NURSE PRACTITIONER       0       0       \$       .00       \$       .00       \$       .00       \$	@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
RADIO./PATHOLOGY       0       0       .00	MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
OTHER         0         0         .00         .00         .00         .00           @HOME HEALTH AGENCY         1         7         \$         479.29         \$         68.47         .002         \$         479.29         \$           NURSE ANESTHESIST         8         33         \$         695.15         \$         21.07         .011         \$         86.89         \$           NURSE MIDWIFE         12         25         \$         4,405.13         \$         176.21         .009         \$         367.09         \$           PEDIATRIC NURSE PRACTITIONER         0         \$         .00         \$         .00         \$         .00         \$	SURGERY/ANES.	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY       1       7       \$       479.29       \$       68.47       .002       \$       479.29       \$         NURSE ANESTHESIST       8       33       \$       695.15       \$       21.07       .011       \$       86.89       \$         NURSE MIDWIFE       12       25       \$       4,405.13       \$       176.21       .009       \$       367.09       \$         PEDIATRIC NURSE PRACTITIONER       0       0       \$       .00       \$       .00       \$       .00       \$       .00       \$	RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
NURSE ANESTHESIST       8       33       \$       695.15       \$       21.07       .011       \$       86.89       \$         NURSE MIDWIFE       12       25       \$       4,405.13       \$       176.21       .009       \$       367.09       \$         PEDIATRIC NURSE PRACTITIONER       0       0       \$       .00       \$       .00       \$       .00       \$       .00       \$	OTHER	0	0	.00	.00	.000	.00	
NURSE MIDWIFE       12       25       \$       4,405.13       \$       176.21       .009       \$       367.09       \$         PEDIATRIC NURSE PRACTITIONER       0       0       \$       .00       \$       .00       .00       \$       .00 </td <td>@HOME HEALTH AGENCY</td> <td>1</td> <td>7</td> <td>\$ 479.29</td> <td>\$ 68.47</td> <td>.002</td> <td>\$ 479.29</td> <td>\$</td>	@HOME HEALTH AGENCY	1	7	\$ 479.29	\$ 68.47	.002	\$ 479.29	\$
PEDIATRIC NURSE PRACTITIONER 0 0 \$ .00 \$ .00 \$ .00 \$	NURSE ANESTHESIST	8	33	\$ 695.15	\$ 21.07	.011	\$ 86.89	\$
	NURSE MIDWIFE	12	25	\$ 4,405.13	\$ 176.21	.009	\$ 367.09	\$
	PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$	FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL 412 2,235 \$ 169,864.33 \$ 76.00 .776 \$ 412.29 \$	@TOTAL HOSPITAL	412	2,235	\$ 169,864.33	\$ 76.00	.776	\$ 412.29	\$
HOSP INPATIENT TOTAL 24 84 103,741.85 1235.02 .029 4322.58	HOSP INPATIENT TOTAL	24	84	103,741.85	1235.02	.029	4322.58	
HSC HOSPITALS 4 12 22,076.00 1839.67 .004 5519.00	HSC HOSPITALS	4	12	22,076.00	1839.67	.004	5519.00	
NON-HSC HOSPITAL TOTAL 20 72 81,665.85 1134.25 .025 4083.29	NON-HSC HOSPITAL TOTAL	20	72	81,665.85	1134.25	.025	4083.29	
ACCOMMODATIONS 20 72 44,910.51 623.76 .025 2245.53	ACCOMMODATIONS	20	72	44,910.51	623.76	.025	2245.53	
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM 20 72 44,910.51 623.76 .025 2245.53	ALL OTHER ACCOM	20	72	44,910.51	623.76	.025	2245.53	
ANCILLARIES 20 0 36,755.34 .00 .000 1837.77	ANCILLARIES	20	0	36,755.34	.00	.000	1837.77	
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL 403 2,151 66,122.48 30.74 .747 164.08	HOSP OUTPATIENT TOTAL	403	2,151	66,122.48	30.74	.747	164.08	
MEDICAL 184 235 14,367.88 61.14 .082 78.09	MEDICAL	184	235	14,367.88	61.14	.082	78.09	
SURGERY 39 54 2,975.67 55.11 .019 76.30	SURGERY	39	54	2,975.67	55.11	.019	76.30	
PATHOLOGY 186 742 9,483.08 12.78 .258 50.98	PATHOLOGY	186	742	9,483.08	12.78	.258	50.98	
RADIOLOGY 113 146 9,306.80 63.75 .051 82.36	RADIOLOGY	113	146	9,306.80	63.75	.051	82.36	
ROOM USE 261 369 13,219.08 35.82 .128 50.65	ROOM USE	261	369	13,219.08	35.82	.128	50.65	
CROSSOVERS/ALL OTH OUTPTNT 186 605 16,769.97 27.72 .210 90.16	CROSSOVERS/ALL OTH OUTPTNT	186	605	16,769.97	27.72	.210	90.16	
@COUNTY HOSPITAL TOTAL 0 \$ .00 \$ .00 \$ .00 \$ .00 \$	@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS 0 0 .00 .00 .00 .00	HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS 0 0 .00 .00 .00 .00	ACCOMMODATIONS	0	0	.00	.00	.000	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DE	C 2005	Ε

MOP024 FEE-FOR-SERVICES AND E

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

PA

----- MONTHLY AVERAGE -

2,881 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	COST PER	C
,		OR DAYS OF CARE				PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	412	2,235	\$ 169,864.33	\$	76.00	.776	\$ 412.29	\$
COMM HOSP INPATIENT TOTAL	24	84	103,741.85		1235.02	.029	4322.58	
HSC HOSPITALS	4	12	22,076.00		1839.67	.004	5519.00	
NON-HSC HOSPITALS TOTAL	20	72	81,665.85		1134.25	.025	4083.29	
ACCOMMODATIONS	20	72	44,910.51		623.76		2245.53	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	
ALL OTHER ACCOM	20	72	44,910.51		623.76	.025	2245.53	
ANCILLARIES	20	0	36,755.34		.00	.000	1837.77	
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	403	2,151	66,122.48		30.74	.747	164.08	
MEDICAL	184	235	14,367.88		61.14	.082	78.09	
SURGERY	39	54	2,975.67 9,483.08		55.11	.019	76.30	
PATHOLOGY	186	742	9,483.08		12.78	.258	50.98	
RADIOLOGY	113	146	9,306.80		63.75	.051	82.36	
ROOM USE	261	369	13,219.08		35.82	.128	50.65	
CROSSOVERS/ALL OTH OUTPTNT	186	605	16,769.97		27.72	.210	90.16	
@STATE HOSPITAL	0	0	\$ .00		.00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00		.00	.000	.00	
DEVELOP. DISABLED	0	0	.00		.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$	.00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00	
LEV B-REHAB MD	0	0	.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	
LEV B-REGULAR	0	0	.00		.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$	.00	.000	\$ .00	\$
ICF DDH	0	0	.00		.00	.000	.00	
ICF DD	0	0	.00		.00	.000	.00	
ICF DDN/DDCN	0	0	.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$	.00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00	
@REHABILITATION FACILITY	1	3	\$ 63.57	\$	21.19	.001	\$ 63.57	\$

HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	1	3	63.57	21.19	.001	63.57	
@LABORATORY FACILITY	91	208 \$	4,186.65	\$ 20.13	.072 \$	46.01	\$
PATHOLOGY	91	208	4,186.65	20.13	.072	46.01	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	593	811 \$	91,658.97	\$ 113.02	.281 \$	154.57	\$
CLINIC	8	29	1,165.09	40.18	.010	145.64	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	586	782	90,493.88	115.72	.271	154.43	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN :	2005 THRU DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MIC - NO SOC	C 03 04 2A 45 4A 41	K 4M 5K 7T 82	8E 8W		
					MONT	HLY AVERAC	GE -
2,881 ELIGIBLES	USERS UNIT	IS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	85	1,422 \$	21,655.37	\$ 15.23	.494 \$	254.77	\$
DURABLE MED. EQUIP.	1	2	57.56	28.78	.001	57.56	
BLOOD BANK	0	0	.00	.00	.000	.00	
TIPADING AID DICDENCEDC	^	^	0.0	0.0	000	0.0	

	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	_
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	85	1,422	\$ 21,655.37		.494 \$	254.77	\$
DURABLE MED. EQUIP.	1	2	57.56	28.78		57.56	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	23	637	14,045.76	22.05	.221	610.69	
AMBULANCES/AIR TRANS	22	626	10,141.72	16.20	.217	460.99	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	11	11	3,904.04	354.91	.004	354.91	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	10	10	1,050.00	105.00	.003	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	19	40	347.28	8.68	.014	18.28	
PHYSICAL THERAPIST	1	25	234.92	9.40	.009	234.92	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	6	894.98	149.16	.002	894.98	
PROSTHETICS	1	6	894.98	149.16	.002	894.98	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	6	39	1,304.75	33.46	.014	217.46	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	25	648	3,239.15	5.00	.225	129.57	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	5	15	480.97	32.06	.005	96.19	
@CALIF. CHILDREN SERVICES*	32	447	\$ 49,377.00	\$ 110.46	.155 \$	1543.03	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

----- MONTHLY AVERAGE 
13 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER F

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	28	83	\$	3,235.35	\$	38.98	6.385	\$	115.55	\$
@PHYSICIANS SERVICES	6	11	\$	212.04	\$	19.28	.846	\$	35.34	\$
OUTPATIENT VISITS	0	0		.00		.00	.000		.00	
OFFICE VISITS	0	0		.00		.00	.000		.00	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00	
	0	0								
PREVENTIVE CARE	U			.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	
INPATIENT VISITS	0	0		.00		.00	.000		.00	
HOSPITAL VISITS	0	0		.00		.00	.000		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	Û	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
	0									
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
	0	0								
PATHOLOGY	0	-		.00		.00	.000		.00	
RADIOLOGY	6	11		212.04		19.28	.846		35.34	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00	
@PHARMACY	1	3	\$	34.92	\$	11.64	.231	\$	34.92	\$
PRESCRIPTION DRUGS	1	3		34.92		11.64	.231		34.92	
SNF/ICF	0	0		.00		.00	.000		.00	
OUTPATIENTS	1	3		34.92		11.64	.231		34.92	
MEDICAL SUPPLIES	0	0				.00	.000			
	0		d	.00	4			<b>~</b>	.00	4
@DENTIST	1	5	\$	562.00	\$	112.40	.385	\$	562.00	\$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00	
ORAL SURGERY	1	4		562.00		140.50	.308		562.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	1	1		.00		.00	.077		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
		0								
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	Ü	Ü		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES MON	TH-OF-PAYMENT RE	PORT	FOR JAN 2	005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	⊒								
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR MIC - SO	OC			AID CODE	83			
							M	ONTH	ILY AVERA	GE -
13 FT.TCTRT.FC	TICEDC TIMITE	OF CEDVICE		PADEMULLIDEG	7/1/12	יסאמד מספידי	אמר/ סידואוו	c (	משמ שטסי	C

		OR DAYS OF CAR	E		PER	UNTT/DAY	PER ELIC	7	USER	E
@OPTOMETRIST	1	5	\$	61.30	\$	12.26	.385		61.30	\$
DIAGNOSTIC AND ANC. PROCED	1	2	Υ	32.21	۲	16.11	.154	4	32.21	Υ
EYE APPLIANCES	1	3		29.09		9.70	.231		29.09	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
	0	0	Ċ.		۲.			٠,		Ċ.
@CHIROPRACTOR	0		\$	.00	\$	.00	.000	Þ	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	Ė	.00	Ė	.00	.000	\$	.00	Ė
PEDIATRIC NURSE PRACTITIONER	0	0	Ė	.00	\$	.00	.000	\$	.00	Ė
FAMILY NURSE PRACTITIONER	0	0	Š	.00	\$	.00	.000	\$	.00	Š
@TOTAL HOSPITAL	16	54	Š	1,866.45	\$	34.56	4.154	\$	116.65	Š
HOSP INPATIENT TOTAL	0	0	Y	.00	Y	.00	.000	٢	.00	Y
HSC HOSPITALS	0	0		.00		.00	.000		.00	
	0	0								
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	16	54		1,866.45		34.56	4.154		116.65	
MEDICAL	9	13		811.77		62.44	1.000		90.20	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	3	15		101.40		6.76	1.154		33.80	
RADIOLOGY	8	10		600.71		60.07	.769		75.09	
ROOM USE	٥	9		276.07		30.67	.692		30.67	
CROSSOVERS/ALL OTH OUTPTNT	5	9 7		76.50		10.93	.538		15.30	
·	0	0	۲.		۲.			٠,		Ċ.
@COUNTY HOSPITAL TOTAL	0		\$	.00	\$	.00	.000	Ş	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
	0	U								
CROSSOVERS/ALL OTH OUTPTNT	U U	U AND EXPERT	IDEC .	.00	D05.m	.00	.000	DE ~	.00	T 7
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SEKVICE	S AND EVERNILLA	KES M	MONTH-OF-PAYMENT RE	POKT	FUK JAN A	ZUUS THKU	DEC	∠005	PA

MOP024 DEL NORTE COUNTY

## FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

							M	TNO	HLY AVERA	.GE -
13 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	+	USER	E
@COMMUNITY HOSPITAL TOTAL	16	54	\$	1,866.45	\$	34.56	4.154	\$	116.65	\$
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	16	54		1,866.45		34.56	4.154		116.65	
MEDICAL	9	13		811.77		62.44	1.000		90.20	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	3	15		101.40		6.76	1.154		33.80	
RADIOLOGY	8	10		600.71		60.07	.769		75.09	
ROOM USE	9	9		276.07		30.67	.692		30.67	
CROSSOVERS/ALL OTH OUTPTNT	5	7		76.50		10.93	.538		15.30	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	

ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 4	.00	\$	.00	.000	Ġ	.00	Ċ
	U	0 5		ې			Ą		Ą
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0	.00		.00	.000		.00	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	2	2 \$	196.10	\$	98.05	.154	\$	98.05	\$
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	2	2	196.10		98.05	.154		98.05	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2005 THRU	DEC	2005	PA

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR MIC - SOC

AID CODE 83

----- MONTHLY AVERAGE -

					MON I	.TLI AVERA	GE -
13 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	2	3 \$	302.54	\$ 100.85	.231 \$	151.27	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1	2	16.64	8.32	.154	16.64	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	1	1	285.90	285.90	.077	285.90	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

					MON1		
2,894 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	1,467	6,893 \$	433,270.25	\$ 62.86	2.382 \$	295.34	\$
@PHYSICIANS SERVICES	235	439 \$	17,946.75	\$ 40.88	.152 \$	76.37	
OUTPATIENT VISITS	87	113	4,480.27	39.65	.039	51.50	Υ
	56	71	2,395.30	33.74	.025	42.77	
OFFICE VISITS			,				
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	21	29	1,672.40	57.67	.010	79.64	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	2	4	113.58	28.40	.001	56.79	
OTHER OUTPATIENT	9	9	298.99	33.22	.003	33.22	
INPATIENT VISITS	8	35	3,127.36	89.35	.012	390.92	
HOSPITAL VISITS	6	22	1,452.96	66.04	.008	242.16	
CRITICAL CARE	2	13	1,674.40	128.80	.004	837.20	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	2	0	76.86	38.43	.001	38.43	
	2	2					
EXAMINATIONS	2	2	76.86	38.43	.001	38.43	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	3	6	760.38	126.73	.002	253.46	
PRINCIPAL SURGEON	2	2	713.37	356.69	.001	356.69	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	4	47.01	11.75	.001	47.01	
OUTPATIENT SURGERY	14	35	2,196.16	62.75	.012	156.87	
PRINCIPAL SURGEON	10	13	1,099.31	84.56	.004	109.93	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	4	22	1,096.85	49.86	.008	274.21	
		0	•				
DIALYSIS	0		.00	.00	.000	.00	
PATHOLOGY	7	7	214.68	30.67	.002	30.67	
RADIOLOGY	138	184	4,826.50	26.23	.064	34.97	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	2	3	15.00	5.00	.001	7.50	
OTHER SERVICES/ALL X-OVERS	23	54	2,249.54	41.66	.019	97.81	
@PHARMACY	632	1,466 \$	114,103.30	\$ 77.83	.507 \$	180.54	\$
PRESCRIPTION DRUGS	627	1,398	109,037.99	78.00	.483	173.90	т
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	627	1,398	109,037.99	78.00	.483	173.90	
MEDICAL SUPPLIES	22	1,398		74.49	.023	230.24	
			5,065.31				Ċ
@DENTIST	24	98 \$	4,247.00	\$ 43.34	.034 \$	176.96	\$
VISITS - DIAGNOSTIC	16	61	1,051.00	17.23	.021	65.69	
ORAL SURGERY	9	25	2,528.00	101.12	.009	280.89	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	5	5	400.00	80.00	.002	80.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	3	3	43.00	14.33	.001	14.33	
PROSTHETICS	0	0	.00	.00	.000	.00	
	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0					
SPACE MAINTAINERS			.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.001	150.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	2	2	75.00	37.50	.001	37.50	

----- MONTHLY AVERAGE -

----- MONTHLY AVERAGE -

MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

2,894 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES		COST UNITS/DAYS /DAY PER ELIG		C E
@OPTOMETRIST	34	87 \$	1,599.65	\$ 18.	39 .030 :	\$ 47.05 \$	
DIAGNOSTIC AND ANC. PROCED	19	30	757.10	25.		39.85	
EYE APPLIANCES	22	57	842.55	14.		38.30	
OTHER OPTOMETRIC SERVICES	0	0	.00		.000	.00	
@CHIROPRACTOR	0	0 \$	.00	\$.	.000	\$ .00 \$	
VISITS	0	0	.00		.000	.00	
OTHER SERVICES	0	0	.00		.000	.00	
@PODIATRIST	0	0 \$	.00	\$.	.000	\$ .00 \$	
MEDICINE/INJECTIONS	0	0	.00		.000	.00	
SURGERY/ANES.	0	0	.00		.000	.00	
RADIO./PATHOLOGY	0	0	.00		.000	.00	
OTHER	0	0	.00		.000	.00	
@HOME HEALTH AGENCY	1	7 \$	479.29	\$ 68.	47 .002 :	\$ 479.29 \$	
NURSE ANESTHESIST	8	33 \$	695.15	\$ 21.			
NURSE MIDWIFE	12	25 \$	4,405.13	\$ 176.			
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00		00 .000	.00 \$	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.	00 .000		
@TOTAL HOSPITAL	428	2,289 \$	171,730.78	\$ 75.	02 .791 :	\$ 401.24 \$	
HOSP INPATIENT TOTAL	24	84	103,741.85	1235.	02 .029	4322.58	
HSC HOSPITALS	4	12	22,076.00	1839.	67 .004	5519.00	
NON-HSC HOSPITAL TOTAL	20	72	81,665.85	1134.	25 .025	4083.29	
ACCOMMODATIONS	20	72	44,910.51	623.		2245.53	
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	
TRANSITIONAL IP CARE	0	0	.00		.000	.00	
ALL OTHER ACCOM	20	72	44,910.51	623.		2245.53	
ANCILLARIES	20	0	36,755.34		.000	1837.77	
INPATIENT CROSSOVERS	0	0	.00		.000	.00	
ALL OTHER INPATIENT	0	0	.00		.000	.00	
HOSP OUTPATIENT TOTAL	419	2,205	67,988.93	30.		162.26	
MEDICAL	193	248	15,179.65	61.		78.65	
SURGERY	39	54	2,975.67	55.		76.30	
PATHOLOGY	189	757	9,584.48	12.		50.71	
RADIOLOGY	121	156	9,907.51	63.		81.88	
ROOM USE	270	378	13,495.15	35.		49.98	
CROSSOVERS/ALL OTH OUTPTNT	191	612	16,846.47	27.		88.20	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00		00 .000	\$ .00 \$	
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.000	.00	
HSC HOSPITALS	0	0	.00		.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	
ACCOMMODATIONS	0	0	.00		.000	.00	
ADMINISTRATIVE DAYS	0	0	.00		000.000	.00	
TRANSITIONAL IP CARE	0	0	.00		000.000	.00	
ALL OTHER ACCOM	0	0	.00		000.000	.00	
ANCILLARIES	0	0	.00		000.000	.00	
INPATIENT CROSSOVERS	0	0	.00		000.000	.00	
ALL OTHER INPATIENT	0	0	.00		00 .000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00		00 .000	.00	
MEDICAL	0	0	.00		000 .000	.00	
SURGERY	0	0	.00		000.000	.00	

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

DEL NORTE COUNTY	SUMMARY OF SERV	JICES FOR MEDICALI	LY :	INDIGENT - CHILDREN	-	TOTAL					
							MO		HLY AVERA	AGE	-
2,894 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS		COST PER		C
		OR DAYS OF CARE			PE	R UNIT/DAY			USER		E
@COMMUNITY HOSPITAL TOTAL	428	2,289	\$	171,730.78	\$	75.02	.791	\$	401.24	\$	
COMM HOSP INPATIENT TOTAL	24 4	84		103,741.85		1235.02	.029		4322.58		
HSC HOSPITALS	4	12		22,076.00		1839.67	.004		5519.00		
NON-HSC HOSPITALS TOTAL	20	72		81,665.85		1134.25	.025		4083.29		
ACCOMMODATIONS	20	72		44,910.51		623.76	.025		2245.53		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	20	72		44,910.51		623.76	.025		2245.53		
ANCILLARIES	20	0		36,755.34		.00	.000		1837.77		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
COMM HOSP OUTPATIENT TOTAL	419	2,205		67,988.93		30.83	.762		162.26		
MEDICAL	193	248		15,179.65		61.21	.086		78.65		
SURGERY	39	54		2,975.67		55.11	.019		76.30		
PATHOLOGY	189	757		9,584.48		12.66	.262		50.71		
RADIOLOGY	121	156		9,907.51		63.51	.054		81.88		
ROOM USE	270	378		13,495.15		35.70	.131		49.98		
CROSSOVERS/ALL OTH OUTPTNT		612		16,846.47		27.53	.211		88.20		
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
MENTALLY ILL	0	0	'	.00		.00	.000	'	.00	'	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
LEV A-INTERMEDIATE	0	0	'	.00		.00	.000	'	.00	'	
LEV B-REHAB MD	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
LEV B-REGULAR	0	0		.00		.00	.000		.00		
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
ICF DDH	0	0	'	.00		.00	.000	'	.00	'	
ICF DD	0	0		.00		.00	.000		.00		
ICF DDN/DDCN	0	0		.00		.00	.000		.00		
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
HOSPITAL BASED	0	0	'	.00		.00	.000	'	.00	'	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		
@REHABILITATION FACILITY	1	3	\$	63.57	\$	21.19	.001	Ś	63.57	\$	
HOSPITAL BASED	0	0	т	.00	т	.00	.000	т	.00	т.	
INDEPENDENT FACILITY	1	3		63.57		21.19	.001		63.57		
@LABORATORY FACILITY	91	208	\$	4,186.65	\$	20.13	.072	Ġ	46.01	\$	
PATHOLOGY	91	208	т	4,186.65	т	20.13	.072	т	46.01	т.	
XO AND OTHERS	0	0		.00		.00	.000		.00		
@ORGANIZED OUTPATIENT CLINIC	595	813	\$	91,855.07	\$	112.98	.281	Ġ		\$	
CLINIC	8	29	т	1,165.09	т	40.18	.010	т	145.64	т	
SURGICENTER	0	0		.00		.00	.000		.00		
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		
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RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

588 784 90,689.98 115.68 .271 154.23 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

DEE NORTE COOKIT	DOINGING OF DERC	TODO TOR TIDDICINE		vi Cililibrithi					
						MON	THLY AVERA	AGE -	
2,894 ELIGIBLES	USERS	UNITS OF SERVICE	EX	KPENDITURES	AVERAGE COST		COST PER	C	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	
@ALL OTHER PROVIDERS	87	1,425	\$	21,957.91	\$ 15.41	.492 \$	252.39	\$	
DURABLE MED. EQUIP.	1	2		57.56	28.78	.001	57.56		
BLOOD BANK	0	0		.00	.00	.000	.00		
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		
MEDICAL TRANSPORTATION	23	637		14,045.76	22.05	.220	610.69		
AMBULANCES/AIR TRANS	22	626		10,141.72	16.20	.216	460.99		
OTHER TRANS	0	0		.00	.00	.000	.00		
OTHER SERVICES	11	11		3,904.04	354.91	.004	354.91		
ACUPUNCTURE	0	0		.00	.00	.000	.00		
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		
GENETIC DISEASE TESTING	10	10		1,050.00	105.00	.003	105.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		
OPTICIAN	20	42		363.92	8.66	.015	18.20		
PHYSICAL THERAPIST	1	25		234.92	9.40	.009	234.92		
PORTABLE X-RAY	0	0		.00	.00	.000	.00		
PROSTHETIST/ORTHOTISTS	1	6		894.98	149.16	.002	894.98		
PROSTHETICS	1	6		894.98	149.16	.002	894.98		
ORTHOTICS	0	0		.00	.00	.000	.00		
PSYCHOLOGIST	0	0		.00	.00	.000	.00		
SPEECH AND AUDIOLOGY	6	39		1,304.75	33.46	.013	217.46		
HOSPICE SERVICES	0	0		.00	.00	.000	.00		
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		
LOCAL EDUCATION AGENCIES	25	648		3,239.15	5.00	.224	129.57		
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		
ALL OTHER PROVIDERS	6	16		766.87	47.93	.006	127.81		
@CALIF. CHILDREN SERVICES*	32	447	\$	49,377.00	\$ 110.46	.154 \$	1543.03	\$	

@XOVER EXCLUDING STATE HOSP\*\* 0 \$ .00 \$ .00 \$ .00 \$

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@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

DEL NORTE COUNTY	SUMMARY OF SERV	CES FOR MIA - NO SOC	: - AID PAID PENDI	NG AID CODE			
						THLY AVERAGE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER (	
		OR DAYS OF CARE		PER UNIT/DAY		USER E	_
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$		
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00			.00	
OUTPATIENT SURGERY	0	0		.00	.000		
PRINCIPAL SURGEON	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
DENIUKES, SIAIPLAIES	U	U	.00	.00	.000	.00	

SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU D	EC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR	MIA -	- NO	SOC -	AID PAID PENDI	NG	AID CODE	81			
									M	TNC	HLY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF	SERVI	CE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS							PER ELIG			E
@OPTOMETRIST	0		0		\$	.00	\$	.00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0		0			.00		.00	.000		.00	
EYE APPLIANCES	0		0			.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0		0			.00		.00	.000		.00	
@CHIROPRACTOR	0		0		\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0		0			.00	•	.00	.000	•	.00	·
OTHER SERVICES	0		0			.00		.00	.000		.00	
@PODIATRIST	0		0		\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0		0			.00	•	.00	.000	•	.00	·
SURGERY/ANES.	0		0			.00		.00	.000		.00	
RADIO. / PATHOLOGY	0		0			.00		.00	.000		.00	
OTHER	0		0			.00		.00	.000		.00	
@HOME HEALTH AGENCY	0		0		\$	.00	Ġ	.00	.000	Ġ	.00	\$
NURSE ANESTHESIST	0		0		\$	.00	\$	.00	.000		.00	\$
NURSE MIDWIFE	0		0		\$	.00	Š	.00	.000		.00	Š
PEDIATRIC NURSE PRACTITIONER	0		0		\$ \$ \$ \$ \$	.00	Š	.00	.000		.00	Š
FAMILY NURSE PRACTITIONER	0		0		\$	.00		.00	.000		.00	Š
@TOTAL HOSPITAL	0		0		\$	.00		.00	.000		.00	Š
HOSP INPATIENT TOTAL	0		0		т	.00	т.	.00	.000	т	.00	7
HSC HOSPITALS	0		0			.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0		0			.00		.00	.000		.00	
ACCOMMODATIONS	0		0			.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00	
ALL OTHER ACCOM	0		0			.00		.00	.000		.00	
ANCILLARIES	0		0			.00		.00	.000		.00	
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00	
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0		0			.00		.00	.000		.00	
MEDICAL	0		0			.00		.00	.000		.00	
SURGERY	0		0			.00		.00	.000		.00	
PATHOLOGY	0		0			.00		.00	.000		.00	
RADIOLOGY	0		0			.00		.00	.000		.00	
ROOM USE	0		0			.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0		0			.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0		0		\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0		0			.00	•	.00	.000	•	.00	·
HSC HOSPITALS	0		0			.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000		.00	
ACCOMMODATIONS	0		0			.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00	
ALL OTHER ACCOM	0		0			.00		.00	.000		.00	
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0		0			.00		.00	.000		.00	

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005

FEE-FOR-SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

					MONT	HLY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	·
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$
PATHOLOGY	0	0	.00	.00	.000	.00	

XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CLINIC	0	0	·	.00		.00	.000	·	.00	·
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDIT	URES MON'	TH-OF-PAYMENT RI	EPORT	FOR JAN 2	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVIC									
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MIA -	NO SOC	- AID PAID PEND	ING	AID CODE				
			-				M			
00 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAY			C
		OR DAYS OF CA		0.0			PER ELIG		USER	E
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	
OTHER TRANS	0			.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
ACUPUNCTURE	0	0		.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00	
OCCUPATIONAL THERAPIST	0			.00		.00	.000		.00	
OPTICIAN	0	0		.00		.00	.000		.00	
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	
PORTABLE X-RAY	0	0		.00		.00	.000		.00	
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
ORTHOTICS	0	0		.00		.00	.000		.00	
PSYCHOLOGIST	0	0		.00		.00	.000		.00	
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00	
HOSPICE SERVICES	0	0		.00		.00	.000		.00	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00	
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00	
@CALIF. CHILDREN SERVICES*	0	0	Ş	.00	\$	.00	.000		.00	
@XOVER EXCLUDING STATE HOSP**		0	Ş TERM ON	.00	Ş	.00	.000	\$	.00	\$
@* TOTALS IN THESE LINES ARE										
THE AMOUNTS ARE ALREADY IN				ABOVE.						
** THESE DATA ARE INCLUDED I						505 T117		D=0	0005	-
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDIT	URES MON	IH-OF-PAYMENT RE	PORT.	FOR JAN 2	2005 THRU	DEC	2005	PΑ
MOPO24	FEE-FOR-SERVIC		NO GOG	DDDGNAND		7 TD GODE	0.6			
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MIA -	NO SOC	- PREGNANT		AID CODE			ערבו אינודער אי	CE
207 ELIGIDIES	HCEDC	INITEC OF CEDIT	CE.	EADENDIMIDEC	7/ 7/ 777		M			
207 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAY			C
	٥٥٦	OR DAYS OF CA		110 (10 00			PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	265	1,875	\$	112,619.90	\$	60.06	9.058		424.98	
@PHYSICIANS SERVICES	62	77	\$	3,992.00	\$	51.84	.372	Þ	64.39	Þ
OUTPATIENT VISITS	4 2	4 2		217.26		54.32	.019		54.32	
OFFICE VISITS	۷	2		137.88		68.94	.010		68.94	

HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	1	24.38	24.38	.005	24.38	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1	1	55.00	55.00	.005	55.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	3	8	775.86	96.98	.039	258.62	
HOSPITAL VISITS	2	2	130.02	65.01	.010	65.01	
CRITICAL CARE	1	6	645.84	107.64	.029	645.84	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	2	2	1,089.44	544.72	.010	544.72	
PRINCIPAL SURGEON	2	2	1,089.44	544.72	.010	544.72	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	1	58.24	58.24	.005	58.24	
PRINCIPAL SURGEON	1	1	58.24	58.24	.005	58.24	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	1	1	48.20	48.20	.005	48.20	
RADIOLOGY	54	59	1,699.62	28.81	.285	31.47	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	2	103.38	51.69	.010	51.69	
@PHARMACY	59	127	\$ 4,972.86	\$ 39.16	.614	\$ 84.29	\$
PRESCRIPTION DRUGS	58	118	4,452.30	37.73	.570	76.76	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	58	118	4,452.30	37.73	.570	76.76	
MEDICAL SUPPLIES	3	9	520.56	57.84	.043	173.52	
@DENTIST	2	13	\$ 1,105.00	\$ 85.00	.063	\$ 552.50	\$
VISITS - DIAGNOSTIC	2	4	135.00	33.75	.019	67.50	
ORAL SURGERY	2	8	870.00	108.75	.039	435.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	1	1	100.00	100.00	.005	100.00	

PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	N 2005 THRU	DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

							M	INOI	HLY AVERA	4GE -
207 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CAR	E			R UNIT/DAY			USER	E
@OPTOMETRIST	5	14	\$	262.89	\$		.068		52.58	\$
DIAGNOSTIC AND ANC. PROCED	3	5	·	134.34		26.87	.024	·	44.78	·
EYE APPLIANCES	3	9		128.55		14.28	.043		42.85	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	7	9	\$	150.48	\$	16.72	.043	\$	21.50	\$
VISITS	7	9	•	150.48		16.72	.043		21.50	·
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0	·	.00		.00	.000	·	.00	·
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	10	55	\$	1,213.73	\$	22.07	.266		121.37	\$
NURSE MIDWIFE	8	18	\$	1,807.91	\$	100.44	.087		225.99	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00	\$
@TOTAL HOSPITAL	161	1,359	\$	78,626.99	\$		6.565		488.37	\$
HOSP INPATIENT TOTAL	10	, 31	•				.150		3898.37	·
HSC HOSPITALS	0	0		38,983.68 .00 38,983.68 20,673.15		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	10	31		38,983.68		1257.54	.150		3898.37	
ACCOMMODATIONS	10	31		20,673.15		666.88	.150		2067.32	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	10	31		20,673.15		666.88	.150		2067.32	
ANCILLARIES	10	0		18,310.53		.00	.000		1831.05	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	160	1,328		39,643.31		29.85	6.415		247.77	
MEDICAL	29	43		2,748.46		63.92	.208		94.77	
SURGERY	8	10		706.57		70.66	.048		88.32	
PATHOLOGY	78	362		5,250.65		14.50	1.749		67.32	
RADIOLOGY	47	51		2,975.64		58.35	.246		63.31	
ROOM USE	114	193		6,755.90		35.00	.932		59.26	
CROSSOVERS/ALL OTH OUTPINT	108	669		21,206.09		31.70	3.232		196.35	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	

ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU I	DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL						

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR MIA - N	10 500	- PREGNANT	AID CODE			
						MON		AGE -
207 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				C
		OR DAYS OF CARE	1		PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	161	1,359	\$	78,626.99	\$ 57.86	6.565 \$	488.37	\$
COMM HOSP INPATIENT TOTAL	10	31		38,983.68	1257.54	.150	3898.37	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	10	31		38,983.68	1257.54	.150	3898.37	
ACCOMMODATIONS	10	31		20,673.15	666.88	.150	2067.32	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00		.00	
ALL OTHER ACCOM	10	31		20,673.15	666.88	.150	2067.32	
ANCILLARIES	10	0		18,310.53	.00	.000	1831.05	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	160	1,328		39,643.31	29.85	6.415	247.77	
MEDICAL	29	43		2,748.46	63.92	.208	94.77	
SURGERY	8	10		39,643.31 2,748.46 706.57	70.66	.048	88.32	
PATHOLOGY	78	362		5,250.65	14.50	1.749	67.32	
RADIOLOGY	47	51		2,975.64	58.35	.246	63.31	
ROOM USE	114	193		6,755.90	35.00	.932	59.26	
CROSSOVERS/ALL OTH OUTPTNT	108	669		21,206.09		3.232	196.35	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$		\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00		.000 \$		\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	•	.000 \$		\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	

@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	38	61 \$	1,177.71	\$	19.31	.295	\$	30.99	\$
PATHOLOGY	38	61	1,177.71		19.31	.295		30.99	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	54	111 \$	16,279.75	\$	146.66	.536	\$	301.48	\$
CLINIC	1	11	409.70		37.25	.053		409.70	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	53	100	15,870.05		158.70	.483		299.43	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2005 THRU	DEC	2005	PA

----- MONTHLY AVERAGE -

----- MONTHLY AVERAGE -

FEE-FOR-SERVICE/DENTAL

MOP024

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

207 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	19	31 \$	3,030.58	\$ 97.76	.150 \$	159.50 \$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	2	8	1,414.50		.039	707.25	
AMBULANCES/AIR TRANS	1	7	139.50	19.93	.034	139.50	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	1,275.00	1275.00	.005	1275.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.063	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	6	49.92	8.32	.029	16.64	
PHYSICAL THERAPIST	1	3	62.89	20.96	.014	62.89	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	1	1	138.27	138.27	.005	138.27	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	2	2 \$	1,244.68	\$ 622.34	.010 \$	622.34 \$	
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

207 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PAMOP024 FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	OR	DAYS OF CARE	2		PEF	UNIT/DAY	PER I	ELIC	Ę	USER	E
@TOTAL, ALL PROVIDERS	265	1,875	\$	112,619.90	\$	60.06		)58		424.98	\$
@PHYSICIANS SERVICES	62	77	\$	3,992.00	\$	51.84		372		64.39	\$
OUTPATIENT VISITS	4	4	·	217.26		54.32	. (	19		54.32	·
OFFICE VISITS	2	2		137.88		68.94	. (	010		68.94	
HOME VISITS	0	0		.00		.00		000		.00	
EMERGENCY ROOM	1	1		24.38		24.38		005		24.38	
PREVENTIVE CARE	0	0		.00		.00		000		.00	
OB VISITS/COMPRE PERI	1	1		55.00		55.00		005		55.00	
OTHER OUTPATIENT	0	0		.00		.00		000		.00	
INPATIENT VISITS	3	8		775.86		96.98		39		258.62	
HOSPITAL VISITS	2	2		130.02		65.01		110		65.01	
CRITICAL CARE	1	6		645.84		107.64		)29		645.84	
SNF/ICF/TRANS IP CARE	0	0		.00		.00		000		.00	
	0	0									
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00		000		.00	
EXAMINATIONS	0			.00		.00		000		.00	
SERVICES AND MATERIALS		0		.00		.00		000		.00	
INPATIENT HOSPITAL SURGERY	2	2		1,089.44		544.72		010		544.72	
PRINCIPAL SURGEON	2	2		1,089.44		544.72		010		544.72	
ASSISTANT SURGEON	0	0		.00		.00		000		.00	
ANESTHESIOLOGIST	0	0		.00		.00		000		.00	
OUTPATIENT SURGERY	1	1		58.24		58.24		05		58.24	
PRINCIPAL SURGEON	1	1		58.24		58.24	. (	005		58.24	
ASSISTANT SURGEON	0	0		.00		.00	. (	000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	. (	000		.00	
DIALYSIS	0	0		.00		.00	. (	000		.00	
PATHOLOGY	1	1		48.20		48.20	. (	005		48.20	
RADIOLOGY	54	59		1,699.62		28.81	. :	285		31.47	
PSYCHIATRY	0	0		.00		.00	. (	000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	. (	000		.00	
OTHER SERVICES/ALL X-OVERS	2	2		103.38		51.69	. (	10		51.69	
@PHARMACY	59	127	\$	4,972.86	\$	39.16	. (	514	\$	84.29	\$
PRESCRIPTION DRUGS	58	118		4,452.30		37.73	.!	570		76.76	
SNF/ICF	0	0		.00		.00	. (	000		.00	
OUTPATIENTS	58	118		4,452.30		37.73		570		76.76	
MEDICAL SUPPLIES	3	9		520.56		57.84	. (	)43		173.52	
@DENTIST	2	13	\$	1,105.00	\$	85.00			\$	552.50	\$
VISITS - DIAGNOSTIC	2	4		135.00	'	33.75		19	'	67.50	'
ORAL SURGERY	2	8		870.00		108.75		39		435.00	
DRUGS	0	0		.00		.00		000		.00	
ANESTHESIA	1	1		100.00		100.00		005		100.00	
PERIODONTICS	0	0		.00		.00		000		.00	
ENDODONTICS	0	0		.00		.00		000		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00		000		.00	
PROSTHETICS	0	0		.00		.00		000		.00	
DENTURES, STAYPLATES	0	0		.00		.00		000		.00	
SPACE MAINTAINERS	0	0		.00		.00		000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00		000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00		000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00		000		.00	
ALL OTHER SERVICES	0	0		.00		.00		000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		י סקס		ים∩םי				חבת		P.A.
MODO24	MEDI-CAL SERVICES AN		reo I	MONIU-OL-SHIMENI KE	I A O A I	MAU AUT .	ZUU5 11	IKU	חפר	∠005	PF

SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

FEE-FOR-SERVICE/DENTAL

MOP024

DEL NORTE COUNTY

207 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES	ERAGE COST		S		C
		OR DAYS OF CAR		R UNIT/DAY			USER	E
@OPTOMETRIST	5	14	\$ 262.89	\$	.068	\$	52.58	\$
DIAGNOSTIC AND ANC. PROCED	3	5	134.34	26.87	.024		44.78	
EYE APPLIANCES	3	9	128.55	14.28	.043		42.85	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	
@CHIROPRACTOR	7	9	\$ 150.48	\$ 16.72	.043	\$	21.50	\$
VISITS	7	9	150.48	16.72	.043		21.50	
OTHER SERVICES	0	0	.00	.00	.000		.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	
SURGERY/ANES.	0	0	.00	.00	.000		.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	
OTHER	0	0	.00	.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$	.00	\$
NURSE ANESTHESIST	10	55	\$ 1,213.73	\$ 22.07	.266	\$	121.37	\$
NURSE MIDWIFE	8	18	\$ 1,807.91	\$ 100.44	.087	\$	225.99	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$
@TOTAL HOSPITAL	161	1,359	\$ 78,626.99	\$ 57.86	6.565	\$	488.37	\$
HOSP INPATIENT TOTAL	10	31	38,983.68	1257.54	.150		3898.37	
HSC HOSPITALS	0	0	.00	.00	.000		.00	
NON-HSC HOSPITAL TOTAL	10	31	38,983.68	1257.54	.150		3898.37	
ACCOMMODATIONS	10	31	20,673.15	666.88	.150		2067.32	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	
ALL OTHER ACCOM	10	31	20,673.15	666.88	.150		2067.32	
ANCILLARIES	10	0	18,310.53	.00	.000		1831.05	
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	
HOSP OUTPATIENT TOTAL	160	1,328	39,643.31	29.85	6.415		247.77	
MEDICAL	29	43	2,748.46	63.92	.208		94.77	
SURGERY	8	10	706.57	70.66	.048		88.32	
PATHOLOGY	78	362	5,250.65	14.50	1.749		67.32	
RADIOLOGY	47	51	2,975.64	58.35	.246		63.31	
ROOM USE	114	193	6,755.90	35.00	.932		59.26	

CROSSOVERS/ALL OTH OUTPINT	1	.08		669		2	1,206.09		31.70	3	.232		196.35	
@COUNTY HOSPITAL TOTAL		0		0	Ġ	_	.00	\$	.00		.000	Ġ	.00	Ġ
CO HOSPITAL INPATIENT TOTAL		0		0	т		.00	т.	.00		.000	4	.00	4
HSC HOSPITALS		0		0			.00		.00		.000		.00	
NON-HSC HOSPITALS TOTAL		0		0			.00		.00		.000		.00	
ACCOMMODATIONS		0		0			.00		.00		.000		.00	
ADMINISTRATIVE DAYS		0		0			.00		.00		.000		.00	
TRANSITIONAL IP CARE		0		0			.00		.00		.000		.00	
ALL OTHER ACCOM		0		0			.00		.00		.000		.00	
ANCILLARIES		0		0			.00		.00		.000		.00	
INPATIENT CROSSOVERS		0		0			.00		.00		.000		.00	
ALL OTHER INPATIENT		0		0			.00		.00		.000		.00	
CO HOSP OUTPATIENT TOTAL		0		0			.00		.00		.000		.00	
MEDICAL		0		0			.00		.00		.000		.00	
SURGERY		0		0			.00		.00		.000		.00	
PATHOLOGY		0		0			.00		.00		.000		.00	
RADIOLOGY		0		0			.00		.00		.000		.00	
ROOM USE		0		0			.00		.00		.000		.00	
CROSSOVERS/ALL OTH OUTPTNT		0		0			.00		.00		.000		.00	
#CALLE DEDE OF HEALEH CEDN	MEDT CAT C		7/ 7/ 7/ 7/		TO I				DOD TANK		TTOTT	DEG	200F	D 7

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

DED NORTE COUNTY	SUMMART OF SER	VICES FOR MIA - I	.10 500	- IOIAL				
			_			MON		
207 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARI			PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	161	1,359	\$	78,626.99	\$ 57.86	6.565 \$		\$
COMM HOSP INPATIENT TOTAL	10	31		38,983.68	1257.54	.150	3898.37	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	10	31		38,983.68	1257.54	.150	3898.37	
ACCOMMODATIONS	10	31		20,673.15	666.88	.150	2067.32	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	10	31		20,673.15	666.88	.150	2067.32	
ANCILLARIES	10	0		18,310.53	.00	.000	1831.05	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	160	1,328		39,643.31	29.85	6.415	247.77	
MEDICAL	29	43		2,748.46	63.92	.208	94.77	
SURGERY	8	10		706.57	70.66	.048	88.32	
PATHOLOGY	78	362		5,250.65	14.50	1.749	67.32	
RADIOLOGY	47	51		2,975.64	58.35	.246	63.31	
ROOM USE	114	193		6,755.90	35.00	.932	59.26	
CROSSOVERS/ALL OTH OUTPTNT	108	669		21,206.09	31.70	3.232	196.35	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000 \$	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	

ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	38	61 \$	1,177.71	\$	19.31	.295	\$	30.99	\$
PATHOLOGY	38	61	1,177.71		19.31	.295		30.99	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	54	111 \$	16,279.75	\$	146.66	.536	\$	301.48	\$
CLINIC	1	11	409.70		37.25	.053		409.70	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	53	100	15,870.05		158.70	.483		299.43	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2005 THRU	DEC	2005	PP

MOP024 FEE-FOR-SERVICE/DENTAL

----- MONTHLY AVERAGE

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

UNITS OF SERVICE AVERAGE COST UNITS/DAYS 207 ELIGIBLES USERS **EXPENDITURES** COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG 97.76 @ALL OTHER PROVIDERS 19 31 3,030.58 .150 \$ 159.50 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 BLOOD BANK 0 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 MEDICAL TRANSPORTATION 1,414.50 176.81 .039 707.25 AMBULANCES/AIR TRANS 139.50 19.93 .034 139.50 0 .000 OTHER TRANS .00 .00 .00 OTHER SERVICES 1,275.00 1275.00 .005 1275.00 .00 ACUPUNCTURE .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 GENETIC DISEASE TESTING 13 1,365.00 105.00 .063 105.00 IHMC, MODEL-NF, NF, AIDS, MSSP Ω .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 OPTICIAN 49.92 8.32 .029 16.64 PHYSICAL THERAPIST 62.89 20.96 .014 62.89 PORTABLE X-RAY .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 ORTHOTICS .00 .00 .000 .00 **PSYCHOLOGIST** .00 .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 HOSPICE SERVICES 138.27 138.27 .005 138.27 NONINST BIRTHING CENTERS .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 @CALIF. CHILDREN SERVICES\* 1,244.68 .010 622.34 622.34 .000 .00 \$ @XOVER EXCLUDING STATE HOSP\*\* .00 .00 \$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

DEL NORIE COUNTY	SUMMARY OF SERV	TICES FOR MIA - SOC -	ПС	AID CODE		HILL ALIDDAGE
00 BLIGIBLES	Hanna	INITES OF SERVICE		ALTERACE COCE	MONT	
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER C
OHOHAI ALI DROUTDERG	_	OR DAYS OF CARE	11 000 25	PER UNIT/DAY		USER E
@TOTAL, ALL PROVIDERS	5	181 \$	11,208.37	\$ 61.92	22.625 \$	2241.67 \$
@PHYSICIANS SERVICES	3	4 \$	73.36	\$ 18.34	.500 \$	24.45 \$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	2	2	55.00	27.50	.250	27.50
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	2	2	55.00	27.50	.250	27.50
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
	0	0	.00	.00		.00
EXAMINATIONS	0	0			.000	
SERVICES AND MATERIALS	0		.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	2	2	18.36	9.18	.250	9.18
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	3	25 \$	2,685.36	\$ 107.41	3.125 \$	895.12 \$
PRESCRIPTION DRUGS	2	25	2,685.36	107.41	3.125	895.12
SNF/ICF	2	25	2,685.36	107.41	3.125	895.12
OUTPATIENTS	3	0	2,085.30	.00	.000	.00
	0					
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00 \$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
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#CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL

ALL OTHER SERVICES

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

DEE NORTE COUNTY	BOTTEMET OF BLICV	TODO TOTO TITTE DO	<i>-</i>	ETC .		TILD CODE	M	יידיזא ר	μτ.ν λιπολ	CF -
08 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/1/2	RAGE COST			COST PER	C
00 EDIGIBLES	OBERD	OR DAYS OF CARE		EXFENDITORES		UNIT/DAY			USER	E
@OPTOMETRIST	0	OR DATS OF CARE	\$	.00	\$	.00	.000		.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą
	0	0								
EYE APPLIANCES	0	0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR	0	0	۲.	.00	\$	.00	.000	\$	.00	۲.
	0	0	\$		Þ			Þ		\$
VISITS	0			.00		.00	.000		.00	
OTHER SERVICES	0	0	4	.00	<b>~</b>	.00	.000	4	.00	ė.
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0	_	.00		.00	.000	_	.00	
@HOME HEALTH AGENCY	0	0	\$ \$ \$ \$	.00	Ş	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	Ş	.00	\$	.00	.000	Ş	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00	\$
@TOTAL HOSPITAL	2	3	\$	29.69	\$	9.90	.375	\$	14.85	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	2	3		29.69		9.90	.375		14.85	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	2	3		29.69		9.90	.375		14.85	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	'	.00	'	.00	.000	•	.00	'
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL MEDICAL	0	0		.00		.00			.00	
MEDICAL	U	U		.00		.00	.000		.00	

SURGERY	0	0	.00	)	.00	.000	.00
PATHOLOGY	0	0	.00	)	.00	.000	.00
RADIOLOGY	0	0	.00	)	.00	.000	.00
ROOM USE	0	0	.00	)	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	)	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT F	OR JAN	2005 THRU	DEC 2005
MOP024	FEE-FOR-SERVICE/DENTAL	<u></u>					
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR MIA - SOC	- LTC	A	ID CODE	E 53	

PA

							AGE -
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	2	3 \$	29.69	\$ 9.90	.375 \$	14.85	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	2	3	29.69	9.90	.375	14.85	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	2	3	29.69	9.90	.375	14.85	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	3	65 \$	8,310.76	\$ 127.86	8.125 \$	2770.25	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	

LEV B-TRANSITIONAL IP CARE  LEV B-REGULAR  3 65 8,310.76 127.86 8.125 2770.25  @INTERMEDIATE CARE FACILDD  0 0 \$ .000 \$	LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD 0 0 \$ .00 \$ .	LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ICF DDH	LEV B-REGULAR	3	65		8,310.76		127.86	8.125		2770.25	
ICF DD	@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDN/DDCN	ICF DDH	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00	ICF DD	0	0		.00		.00	.000		.00	
HOSPITAL BASED         0         0         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00	ICF DDN/DDCN	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         \$         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@REHABILITATION FACILITY         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         <	HOSPITAL BASED	0	0		.00		.00	.000		.00	
HOSPITAL BASED       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00	HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY         0         0         .00         .00         .00         .00         .00           @LABORATORY FACILITY         0         0         \$         .00         \$         .00         .00         \$         .00         \$         .00         \$         .00         \$         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00 <td>@REHABILITATION FACILITY</td> <td>0</td> <td>0</td> <td>\$</td> <td>.00</td> <td>\$</td> <td>.00</td> <td>.000</td> <td>\$</td> <td>.00</td> <td>\$</td>	@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@LABORATORY FACILITY       0       0       \$       .00       \$       .00       .00       .00       \$       .00       \$       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       <	HOSPITAL BASED	0	0		.00		.00	.000		.00	
PATHOLOGY         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00	INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
XO AND OTHERS       0       0       .00       .00       .00       .00         @ORGANIZED OUTPATIENT CLINIC       0       0       \$       .00       \$       .00       .00       \$       .00       \$         CLINIC       0       0       .0	@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@ORGANIZED OUTPATIENT CLINIC         0         0         \$         .00         \$         .00         .00         \$         .00         \$         .00         \$         .00	PATHOLOGY	0	0		.00		.00	.000		.00	
CLINIC       0       0       .00       .00       .00       .00         SURGICENTER       0       0       .00       .00       .00       .00         HEROIN DETOX CLINIC       0       0       .00       .00       .00       .00         RURAL HEALTH CLINIC       0       0       .00       .00       .00       .00	XO AND OTHERS	0	0		.00		.00	.000		.00	
SURGICENTER         0         0         .00         .00         .00         .00           HEROIN DETOX CLINIC         0         0         .00         .00         .00         .00         .00           RURAL HEALTH CLINIC         0         0         .00         .00         .00         .00         .00	@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HEROIN DETOX CLINIC         0         0         .00         .00         .00         .00           RURAL HEALTH CLINIC         0         0         .00         .00         .00         .00	CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC 0 0 .00 .00 .00 .00	SURGICENTER	0	0		.00		.00	.000		.00	
	HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA	RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES MONTH-	OF-PAYMENT R	REPORT	FOR JAN	2005 THRU	DEC	2005	PA

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

DEE NORTE COONTI	DOMINANT OF BEIN	VICED FOR MIA DOC	штс	AID CODE	J J		
					MON'	THLY AVERAG	E -
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	1	84 \$	109.20	\$ 1.30	10.500 \$	109.20	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	1	84	109.20	1.30	10.500	109.20	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	1	84	109.20	1.30	10.500	109.20	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	

@CALIF. CHILDREN SERVICES\* 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$

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@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

O ELIGIBLES	DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR	MIA -	SOC -	PREGNANT		AID CODE	87			
### OF DAYS OF CARE									MC	NTHLY AV	ERAC	E -
### CONTRACT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	00 ELIGIBLES	USERS	UNITS OF	SERVIC	CE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST P	ER	C
######################################			OR DAYS	OF CAF	RΕ		PER	UNIT/DAY	PER ELIG	USER	_	E
######################################	@TOTAL, ALL PROVIDERS	0		0	\$	.00	\$	.00	.000	\$.	00	\$
OFFICE VISITS 0 0 0 0 00 00 00 00 00 00 00 00 00 00	@PHYSICIANS SERVICES	0		0		.00		.00			00	
HOME VISITS	OUTPATIENT VISITS	0		0		.00		.00	.000		00	
HOME VISITS EMERGENCY ROOM O O O O O O O O O O O O O O O O O O	OFFICE VISITS	0		0		.00		.00	.000		00	
RERGENCY ROOM	HOME VISITS	0		0				.00			00	
OB VISITS/COMPRE PERI 0 0 0 0 00 00 00 00 00 00 00 00 00 00	EMERGENCY ROOM	0		0		.00		.00			00	
OTHER OUTPATIENT 0 0 0 0 00 00 00 00 00 00 10 10 10 10 1	PREVENTIVE CARE	0		0		.00		.00	.000		00	
OTHER OUTPATIENT 0 0 0 0 0 00 00 00 00 00 10 1 1 1 1 1	OB VISITS/COMPRE PERI	0		0		.00		.00	.000		00	
HOSPITAL VISITS		0		0		.00		.00	.000		00	
HOSPITAL VISITS	INPATIENT VISITS	0		0		.00		.00	.000		00	
CRITICAL CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HOSPITAL VISITS	0		0		.00		.00			00	
SNF/ICF/TRANS IP CARE		0		0								
OPHTHALMOLOGICAL SERVICES				0								
EXAMINATIONS SERVICES AND MATERIALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0								
SERVICES AND MATERIALS		0		0								
INPATIENT HOSPITAL SURGERY   0		0		0								
PRINCIPAL SURGEON		0		0		.00		.00			00	
ASSISTANT SURGEON ANESTHESIOLOGIST O OUTPATIENT SURGERY O OUTPATIENT SURGEON O OUTPATIENT SURGEON O O OUTPATIENT SURGEON O O O O O O O O O O O O O O O O O O		0		0				.00			00	
AMESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		0								
OUTPATIENT SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0								
PRINCIPAL SURGEON         0         0         .00         <		0		0				.00				
ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0								
ANESTHESIOLOGIST 0 0 0 0 00 00 00 00 00 00 00 00 00 00		0		0								
DIALYSIS		0		0								
PATHOLOGY 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0		0		0								
RADIOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0								
PSYCHIATRY         0         0         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00 </td <td></td> <td>0</td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		0		0								
IMMUNIZATION AND INJECTION         0         0         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00<		0		0								
OTHER SERVICES/ALL X-OVERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0								
@PHARMACY         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00	OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		00	
SNF/ICF		0		0	\$	.00	\$	.00	.000	\$.	00	\$
SNF/ICF         0         0         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00 <td>PRESCRIPTION DRUGS</td> <td>0</td> <td></td> <td>0</td> <td>·</td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>00</td> <td>•</td>	PRESCRIPTION DRUGS	0		0	·	.00		.00	.000		00	•
OUTPATIENTS         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00		0		0		.00		.00	.000		00	
MEDICAL SUPPLIES         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00		0		0		.00		.00	.000		00	
@DENTIST         0         \$         .00         \$         .00         .00         .00         \$           VISITS - DIAGNOSTIC         0         0         .00         .00         .00         .00         .00           ORAL SURGERY         0         0         .00         .00         .00         .00         .00           DRUGS         0         0         .00         .00         .00         .00         .00           ANESTHESIA         0         0         .00         .00         .00         .00         .00           PERIODONTICS         0         0         .00         .00         .00         .00         .00           RESTORATIVE DENTISTRY         0         0         .00         .00         .00         .00         .00		0		0		.00		.00			00	
VISITS - DIAGNOSTIC         0         0         .00		0		0	\$		Ġ					Ġ
ORAL SURGERY       0       0       .00       .00       .00       .00         DRUGS       0       0       .00       .00       .00       .00         ANESTHESIA       0       0       .00       .00       .00       .00       .00         PERIODONTICS       0       0       .00       .00       .00       .00       .00         ENDODONTICS       0       0       .00       .00       .00       .00       .00         RESTORATIVE DENTISTRY       0       0       .00       .00       .00       .00       .00	VISITS - DIAGNOSTIC	0		0			'	.00				
DRUGS       0       0       .00       .00       .00       .00       .00         ANESTHESIA       0       0       .00       .00       .00       .00       .00         PERIODONTICS       0       0       .00       .00       .00       .00       .00         ENDODONTICS       0       0       .00       .00       .00       .00       .00         RESTORATIVE DENTISTRY       0       0       .00       .00       .00       .00       .00	ORAL SURGERY	0		0		.00		.00	.000		00	
ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		0				.00			00	
PERIODONTICS         0         0         .00         .00         .00         .00           ENDODONTICS         0         0         .00         .00         .00         .00           RESTORATIVE DENTISTRY         0         0         .00         .00         .00         .00         .00		0		0								
ENDODONTICS         0         0         .00         .00         .00         .00           RESTORATIVE DENTISTRY         0         0         .00         .00         .00         .00		0		0								
RESTORATIVE DENTISTRY 0 0 .00 .00 .00 .00		0		0								
		0		0								
		0		0				.00				

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2005 THRU I	DEC 2005

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY	SUMMARY OF SERV		MIA -	SOC -	PREGNANT		AID CODE	87			
								Mo	TNC	HLY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF	SERVIC	CE	EXPENDITURE	S AVI	ERAGE COST	UNITS/DAY	3	COST PER	C
		OR DAYS	OF CAF	RE		PEI	R UNIT/DAY			USER	E
@OPTOMETRIST	0		0	\$	.0	0 \$	.00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0		0		.0	0	.00	.000		.00	
EYE APPLIANCES	0		0		.0	0	.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0		0		.0	0	.00	.000		.00	
@CHIROPRACTOR	0		0	\$	.0	0 \$	.00	.000	\$	.00	\$
VISITS	0		0	·	.0		.00	.000	•	.00	·
OTHER SERVICES	0		0		.0	0	.00	.000		.00	
@PODIATRIST	0		0	\$	.0		.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0		0	'	.0		.00	.000		.00	'
SURGERY/ANES.	0		0		.0		.00	.000		.00	
RADIO./PATHOLOGY	0		0		.0		.00	.000		.00	
OTHER	0		0		.0		.00	.000		.00	
@HOME HEALTH AGENCY	0		0	\$	.0		.00	.000	Ś	.00	Ś
NURSE ANESTHESIST	0		0	Ċ	.0		.00	.000		.00	\$
NURSE MIDWIFE	0		0	Ġ	.0		.00	.000	\$	.00	Ċ
PEDIATRIC NURSE PRACTITIONER	0		0	Ġ.	.0		.00	.000	\$	.00	Ġ
FAMILY NURSE PRACTITIONER	0		0	<u>ج</u>	.0		.00	.000	•	.00	ς.
@TOTAL HOSPITAL	0		0	ن ب	.0		.00	.000		.00	Ģ Y
HOSP INPATIENT TOTAL	0		0	۲	.0		.00	.000	Y	.00	Y
HSC HOSPITALS	0		0		.0		.00	.000		.00	
	0		0					.000			
NON-HSC HOSPITAL TOTAL	0		0		.0		.00			.00	
ACCOMMODATIONS	0		0		.0		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.0		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.0		.00	.000		.00	
ALL OTHER ACCOM	0		0		.0		.00	.000		.00	
ANCILLARIES	0		0		.0		.00	.000		.00	
INPATIENT CROSSOVERS	0		0		.0		.00	.000		.00	
ALL OTHER INPATIENT	0		0		.0		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0		0		.0		.00	.000		.00	
MEDICAL	0		0		.0		.00	.000		.00	
SURGERY	0		0		.0		.00	.000		.00	
PATHOLOGY	0		0		.0		.00	.000		.00	
RADIOLOGY	0		0		.0	0	.00	.000		.00	
ROOM USE	0		0		.0		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0		0		.0		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0		0	\$	.0	0 \$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0		0		.0	0	.00	.000		.00	
HSC HOSPITALS	0		0		.0	0	.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0		0		.0	0	.00	.000		.00	
ACCOMMODATIONS	0		0		.0	0	.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.0	0	.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.0	0	.00	.000		.00	
ALL OTHER ACCOM	0		0		.0	0	.00	.000		.00	

ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL		MONTH-OF-PAYMENT REPORT	FOR JAN 2	2005 THRU DEC	2 2005

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR MIA - S	OC -	PREGNAN'I'		AID CODE	8.7				
							MC	TNC	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5	COST PER	C	
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		
MEDICAL	0	0		.00		.00	.000		.00		
SURGERY	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		
RADIOLOGY	0	0		.00		.00	.000		.00		
ROOM USE	0	0		.00		.00	.000		.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	
MENTALLY ILL	0	0	•	.00	'	.00	.000	•	.00	•	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000	•	.00	•	
LEV B-REHAB MD	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
LEV B-REGULAR	0	0		.00		.00	.000		.00		
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
ICF DDH	0	0	•	.00		.00	.000	•	.00	•	
ICF DD	0	0		.00		.00	.000		.00		
ICF DDN/DDCN	0	0		.00		.00	.000		.00		
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	
HOSPITAL BASED	0	0	•	.00		.00	.000	•	.00	•	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00	•	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
			•		•						

PATHOLOGY	0	0		.00	.00	.000		.00	
XO AND OTHERS	0	0		.00	.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00 \$	.00	.000	\$	.00	\$
CLINIC	0	0	·	.00	.00	.000	·	.00	·
SURGICENTER	0	0		.00	.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00	.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERV	ICES AND EXPENDITU	RES MONTH-OF-PAY	MENT REPO	RT FOR JAN	2005 THRU	DEC 2	2005	P#
MOP024	FEE-FOR-SERVIO	CE/DENTAL							
DEL NORTE COUNTY		RVICES FOR MIA -	SOC - PREGNANT		AID CODE	87			
						M	ONTHI	LY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF SERVIC	E EXPENDI'	TURES A	VERAGE COST	UNITS/DAY	S CO	OST PER	C
		OR DAYS OF CAR	E		ER UNIT/DAY			USER	E
@ALL OTHER PROVIDERS	0	0	\$	.00 \$	.00	.000	\$	.00	\$
DURABLE MED. EQUIP.	0	0		.00	.00	.000		.00	
BLOOD BANK	0	0		.00	.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000		.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000		.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000		.00	
OTHER TRANS	0	0		.00	.00	.000		.00	
OTHER SERVICES	0	0		.00	.00	.000		.00	
ACUPUNCTURE	0	0		.00	.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000		.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000		.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000		.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000		.00	
OPTICIAN	0	0		.00	.00	.000		.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000		.00	
PORTABLE X-RAY	0	0		.00	.00	.000		.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000		.00	
PROSTHETICS	0	0		.00	.00	.000		.00	
ORTHOTICS	0	0		.00	.00	.000		.00	
PSYCHOLOGIST	0	0		.00	.00	.000		.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000		.00	
HOSPICE SERVICES	0	0		.00	.00	.000		.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000		.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MIA -	SOC -	TOTAL							
							MC				
08 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS	3	COST PER	C	
		OR DAYS OF CAR				,	PER ELIG		USER	E	
@TOTAL, ALL PROVIDERS	5	181	\$	11,208.37	\$	61.92	22.625		2241.67	\$	
@PHYSICIANS SERVICES	3	4	\$	73.36	\$	18.34	.500	\$	24.45	\$	
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		
OFFICE VISITS	0	0		.00		.00	.000		.00		
HOME VISITS	0	0		.00		.00	.000		.00		
EMERGENCY ROOM	0	0		.00		.00	.000		.00		
PREVENTIVE CARE	0	0		.00		.00	.000		.00		
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		
INPATIENT VISITS	2	2		55.00		27.50	.250		27.50		
HOSPITAL VISITS	0	0		.00		.00	.000		.00		
CRITICAL CARE	0	0		.00		.00	.000		.00		
SNF/ICF/TRANS IP CARE	2	2		55.00		27.50	.250		27.50		
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		
EXAMINATIONS	0	0		.00		.00	.000		.00		
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		
DIALYSIS	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		
RADIOLOGY	2	2		18.36		9.18	.250		9.18		
PSYCHIATRY	0	0		.00		.00	.000		.00		
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		
@PHARMACY	3	25	\$	2,685.36	\$	107.41	3.125	\$	895.12	Ś	
PRESCRIPTION DRUGS	3	25	'	2,685.36		107.41	3.125		895.12	•	
SNF/ICF	3	25		2,685.36		107.41	3.125		895.12		
OUTPATIENTS	0	0		.00		.00	.000		.00		
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
VISITS - DIAGNOSTIC	0	0	т	.00	т	.00	.000	т	.00	7	
ORAL SURGERY	0	0		.00		.00	.000		.00		
DRUGS	0	0		.00		.00	.000		.00		
<del>-</del>	· ·	· ·							. 3 0		

ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	05 THRU DEC	2005

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MIA - S	SOC -	TOTAL						
							Mo			
08 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	S		C
		OR DAYS OF CARE				,	PER ELIG		USER	E
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00	
EYE APPLIANCES	0	0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	Ė	.00	Ė	.00	.000	Ė	.00	\$
NURSE MIDWIFE	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ė
PEDIATRIC NURSE PRACTITIONER	. 0	0	Ė	.00	Ė	.00	.000	Ė	.00	S
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	2	3	Š	29.69	Š	9.90	.375	Š	14.85	Š
HOSP INPATIENT TOTAL	0	0	7	.00	т.	.00	.000	т	.00	т.
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	2	3		29.69		9.90	.375		14.85	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	2	3		29.69		9.90	.375		14.85	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	Y	.00	۲	.00	.000	۲	.00	Y
HSC HOSPITALS	0	0		.00		.00	.000		.00	
IIOC IIODI I IAID	O	0		.00		.00	.000		.00	

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU I	DEC 2005

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MOP024 DEL NORTE COUNTY FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

----- MONTHLY AVERAGE 08 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @COMMUNITY HOSPITAL TOTAL 3 29.69 9.90 .375 14.85 \$ COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 0 .00 .000 .00 HSC HOSPITALS .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .000 ACCOMMODATIONS .00 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 .000 ANCILLARIES .00 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 9.90 COMM HOSP OUTPATIENT TOTAL 29.69 .375 14.85 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .000 .00 PATHOLOGY 29.69 9.90 .375 14.85 RADIOLOGY .00 .00 .000 .00 .000 ROOM USE 0 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT Ω .00 .00 .000 .00 .00 @STATE HOSPITAL .00 .000 .00 MENTALLY ILL 0 .00 .00 .000 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 @NURSING FACILITY 65 8,310.76 127.86 8.125 2770.25 LEV A-INTERMEDIATE .000 .00 .00 .00 .00 .00 .000 .00 LEV B-REHAB MD .00 .000 LEV B-SUBACUTE FREESTANDING .00 .00 .000 LEV B-SUBACUTE HSPTL BASED .00 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 LEV B-REGULAR 65 8,310.76 127.86 8.125 2770.25 @INTERMEDIATE CARE FACIL.-DD \$ .00 .00 .000 .00 ICF DDH 0 .000 .00 .00 .00 ICF DD 0 .00 .00 .000 .00 0 ICF DDN/DDCN .00 .00 .000 .00 @HEMODIALYSIS TOTAL \$ .00 .00 .000 .00 HOSPITAL BASED .00 .00 .000 .00

HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0 \$	.00 \$	.00	.000 \$	.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	0	0 \$	.00 \$	.00	.000 \$	.00	\$
PATHOLOGY	0	0	.00	.00	.000	.00	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00 \$	.00	.000 \$	.00	\$
CLINIC	0	0	.00	.00	.000	.00	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2005	THRU DE	C 2005	PÆ

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES
MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	C
@ALL OTHER PROVIDERS	1	84 \$	109.20	\$ 1.30	10.500 \$	109.20	Ś
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	۲
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	1	84	109.20	1.30	10.500	109.20	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	1	84	109.20	1.30	10.500	109.20	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR FUTURE USE

PA

----- MONTHLY AVERAGE -

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MOP024

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	IINTTS/DAVS	COST PER	C
00 HHIGIDHED	ODLIND	OR DAYS OF CARE		PER UNIT/DAY		USER	E
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$		\$
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$		\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	т
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005	PA

----- MONTHLY AVERAGE -

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 20 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	S	COST PER	C
	0	OR DAYS OF CARE	4	0.0		JNIT/DAY	PER ELIG	4	USER	Ε
@OPTOMETRIST	0	0 \$	?	.00	\$	.00	.000	Ş	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00	
EYE APPLIANCES	0	0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0	L	.00	_	.00	.000	_	.00	
@CHIROPRACTOR	0	0 \$	Š	.00	\$	.00	.000	Ş	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0 \$	<b>5</b>	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00	•	.00	.000	·	.00	•
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	Ō	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	

ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00 \$	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan 2	005 THRU DEC	2005	PΖ

#CALIF DEPT OF HEALTH SERV MOP024 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

OP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

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OO DI TOTDI DO	Hanna	INITES OF SERVICE		717D7AD AAA	MON'		.GE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	_
OCOMMUNITED HOODIEST HORSE	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	±
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$
		•		•	'		

ICF DDH	0	0	.00		.00	.000		.00	
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0	.00		.00	.000		.00	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$	.00	.000	\$	.00	\$
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0	.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2005 THRU	DEC	2005	PP

FEE-FOR-SERVICE/DENTAL

MOP024

DEL NORTE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

DEE NORTE COUNTY	DOINEMEE OF BEIN	VICED FOR FOR FOREIGN	•				
						THLY AVERAGE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER C	
	_	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER E	
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	'	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

DEL NORIE COUNTY	SUMMARI OF SERV	ICES FOR MEDICAL	ЦΙ	INDIGENT - ADOLIS -	IOIAL	MONT	א מיבונא א דווי	OE.
215 81 1618186	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			
215 ELIGIBLES	USERS			EXPENDITURES				C E
omomil all prolitored	0.70	OR DAYS OF CARE		102 000 00	PER UNIT/DAY		USER	_
@TOTAL, ALL PROVIDERS	270	2,056	\$	123,828.27	\$ 60.23	9.563 \$	458.62	\$
@PHYSICIANS SERVICES	65	81	\$	4,065.36	\$ 50.19	.377 \$	62.54	\$
OUTPATIENT VISITS	4	4		217.26	54.32	.019	54.32	
OFFICE VISITS	2	2		137.88	68.94	.009	68.94	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	1	1		24.38	24.38	.005	24.38	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1	1		55.00	55.00	.005	55.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	5	10		830.86	83.09	.047	166.17	
HOSPITAL VISITS	2	2		130.02	65.01	.009	65.01	
CRITICAL CARE	1	6		645.84	107.64	.028	645.84	
SNF/ICF/TRANS IP CARE	2	2		55.00	27.50	.009	27.50	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	2	2		1,089.44	544.72	.009	544.72	
PRINCIPAL SURGEON	2	2		1,089.44	544.72	.009	544.72	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	1	1		.00 58.24	58.24	.005	58.24	
PRINCIPAL SURGEON	1	1		58.24	58.24	.005	58.24	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
	0	0						
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0 1			.00	.00	.000	.00	
PATHOLOGY		1		48.20	48.20	.005	48.20	
RADIOLOGY	56	61		1,717.98	28.16	.284	30.68	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	2		103.38	51.69	.009	51.69	4.
@PHARMACY	62	152	\$	7,658.22	\$ 50.38	.707 \$		\$
PRESCRIPTION DRUGS	61	143		7,137.66	49.91	.665	117.01	
SNF/ICF	3	25		2,685.36	107.41	.116	895.12	
OUTPATIENTS	58	118		4,452.30	37.73	.549	76.76	
MEDICAL SUPPLIES	3	9		520.56	57.84	.042	173.52	
@DENTIST	2	13	\$	1,105.00	\$ 85.00	.060 \$	552.50	\$
VISITS - DIAGNOSTIC	2	4		135.00	33.75	.019	67.50	
ORAL SURGERY	2	8		870.00	108.75	.037	435.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	1	1		100.00	100.00	.005	100.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

							MONTHLY AVERAGE				
215 ELIGIBLES	USERS	JSERS UNITS OF SERVICE		EXPENDITURES	ΑV	ERAGE COST	UNITS/DAYS		S COST PER		
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER	E	
@OPTOMETRIST	5	14	\$	262.89	\$	18.78	.065	\$	52.58	\$	
DIAGNOSTIC AND ANC. PROCED	3	5		134.34		26.87	.023		44.78		
EYE APPLIANCES	3	9		128.55		14.28	.042		42.85		
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		
@CHIROPRACTOR	7	9	\$	150.48	\$	16.72	.042	\$	21.50	\$	
VISITS	7	9		150.48		16.72	.042		21.50		
OTHER SERVICES	0	0		.00		.00	.000		.00		
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		
SURGERY/ANES.	0	0		.00		.00	.000		.00		
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		
OTHER	0	0		.00		.00	.000		.00		
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE ANESTHESIST	10	55	\$	1,213.73	\$	22.07	.256	\$	121.37	\$	
NURSE MIDWIFE	8	18	\$	1,807.91	\$	100.44	.084	\$	225.99	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00	\$	
@TOTAL HOSPITAL	163	1,362	\$	78,656.68	\$	57.75	6.335	\$	482.56	\$	
HOSP INPATIENT TOTAL	10	31		38,983.68		1257.54	.144		3898.37		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITAL TOTAL	10	31		38,983.68		1257.54	.144		3898.37		
ACCOMMODATIONS	10	31		20,673.15		666.88	.144		2067.32		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	10	31		20,673.15		666.88	.144		2067.32		
ANCILLARIES	10	0		18,310.53		.00	.000		1831.05		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		

HOSP OUTPATIENT TOTAL	162	1,331	39,673.00	29.81	6.191	244.90	
MEDICAL	29	43	2,748.46	63.92	.200	94.77	
SURGERY	8	10	706.57	70.66	.047	88.32	
PATHOLOGY	80	365	5,280.34	14.47	1.698	66.00	
RADIOLOGY	47	51	2,975.64	58.35	.237	63.31	
ROOM USE	114	193	6,755.90	35.00	.898	59.26	
CROSSOVERS/ALL OTH OUTPTNT	108	669	21,206.09	31.70	3.112	196.35	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT RE	EPORT FOR JAN	2005 THRU	DEC 2005	PA:
MOP024	FEE-FOR-SERVICE/DENTA	L					

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

DEL NORTE COUNTY

DDD NORTH COONTI	DOMINITY OF DER	VICED FOR THE		TIADICHIAI	1100110	10.	T 7 7 TJ					
								M	ONT	HLY AVERA	GE -	
215 ELIGIBLES	USERS	UNITS OF SER	VICE	EXPE	NDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	C	
		OR DAYS OF	CARE			PEI	R UNIT/DAY	PER ELIG		USER	E	
@COMMUNITY HOSPITAL TOTAL	163	1,36	2 \$	7	8,656.68	\$	57.75	6.335	\$	482.56	\$	
COMM HOSP INPATIENT TOTAL	10	3:	1	3	8,983.68		1257.54	.144		3898.37		
HSC HOSPITALS	0		0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	10	3	1	3	8,983.68		1257.54	.144		3898.37		
ACCOMMODATIONS	10	3	1	2	0,673.15		666.88	.144		2067.32		
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		
ALL OTHER ACCOM	10	3:	1	2	0,673.15		666.88	.144		2067.32		
ANCILLARIES	10		0	1	8,310.53		.00	.000		1831.05		
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		
COMM HOSP OUTPATIENT TOTAL	162	1,33	1	3	9,673.00		29.81	6.191		244.90		
MEDICAL	29	4:	3		2,748.46		63.92	.200		94.77		
SURGERY	8	1	0		706.57		70.66	.047		88.32		
PATHOLOGY	80	36			5,280.34		14.47	1.698		66.00		
RADIOLOGY	47	5:	1		2,975.64		58.35	.237		63.31		
ROOM USE	114	193	3		6,755.90		35.00	.898		59.26		
CROSSOVERS/ALL OTH OUTPTNT	108	66	9	2	1,206.09		31.70	3.112		196.35		
@STATE HOSPITAL	0		0 \$		.00	\$	.00	.000	\$	.00	\$	
MENTALLY ILL	0		0		.00		.00	.000		.00		
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		
@NURSING FACILITY	3	6.	5 \$		8,310.76	\$	127.86	.302	\$	2770.25	\$	
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		
LEV B-REHAB MD	0		0		.00		.00	.000		.00		

LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		000		.00	
LEV B-REGULAR	3	65		8,310.76		127.86		302		2770.25	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		000	\$	.00	\$
ICF DDH	0	0		.00		.00		000		.00	
ICF DD	0	0		.00		.00		000		.00	
ICF DDN/DDCN	0	0		.00		.00		000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00		000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00		000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00		000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00		000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00		000		.00	
INDEPENDENT FACILITY	0	0		.00		.00		000		.00	
@LABORATORY FACILITY	38	61	\$	1,177.71	\$	19.31		284	\$	30.99	\$
PATHOLOGY	38	61		1,177.71		19.31		284		30.99	
XO AND OTHERS	0	0		.00		.00		000		.00	
@ORGANIZED OUTPATIENT CLINIC	54	111	\$	16,279.75	\$	146.66		516	\$	301.48	\$
CLINIC	1	11		409.70		37.25		051		409.70	
SURGICENTER	0	0		.00		.00		000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00		000		.00	
RURAL HEALTH CLINIC	53	100		15,870.05		158.70		465		299.43	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES I	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2005 T	HRU	DEC	2005	PA
MOD024	FFF-FOR-SFRVICE/DENTA	ΔT.									

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

215 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			C
		OR DAYS OF CARE		PER UNIT/DAY		USER	, Ł
@ALL OTHER PROVIDERS	20	115 \$	3,139.78		·		Ş
DURABLE MED. EQUIP.	0	0	.00	.00		.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00		.00	
MEDICAL TRANSPORTATION	3	92	1,523.70			507.90	
AMBULANCES/AIR TRANS	1	7	139.50	19.93	.033	139.50	
OTHER TRANS	1	84	109.20	1.30	.391	109.20	
OTHER SERVICES	1	1	1,275.00	1275.00	.005	1275.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.060	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	6	49.92	8.32	.028	16.64	
PHYSICAL THERAPIST	1	3	62.89	20.96	.014	62.89	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	1	1	138.27	138.27	.005	138.27	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	

----- MONTHLY AVERAGE -

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	2	2	\$ 1,244.68	\$ 622.34	.009	\$ 622.34	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL AGED

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR ALL AGED	)					
						MON		
6,176 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				C
		OR DAYS OF CARE			PER UNIT/DAY		USER	E
@TOTAL, ALL PROVIDERS			\$	3,833,502.17		21.202 \$		\$
@PHYSICIANS SERVICES	837	2,172	\$	35,870.23	\$ 16.51	.352 \$		\$
OUTPATIENT VISITS	14	14		921.30	65.81	.002	65.81	
OFFICE VISITS	11	11		716.25	65.11	.002	65.11	
HOME VISITS	14 11 0 3	0		.00	.00	.000	.00	
EMERGENCY ROOM	3	3		205.05	68.35	.000	68.35	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	1	1		27.50	27.50	.000	27.50	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	1			27.50	27.50	.000	27.50	
OPHTHALMOLOGICAL SERVICES	_ 1	1 1		6.01	6.01	.000	6.01	
EXAMINATIONS	1	1		6.01	6.01	.000	6.01	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	1	1		374.91	374.91	.000	374.91	
PRINCIPAL SURGEON	1	1		374.91	374.91	.000	374.91	
ASSISTANT SURGEON	0	<u> </u>		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	3	5		28.17	5.63	.001	9.39	
RADIOLOGY	16	33		1,756.31	53.22	.005	109.77	
	0	0			.00	.000	.00	
PSYCHIATRY	0	0		.00	.00			
IMMUNIZATION AND INJECTION	808			.00		.000	.00	
OTHER SERVICES/ALL X-OVERS	4,605	2,117	<b>~</b>	32,756.03	15.47 \$ 20.11	.343 13.205 \$	40.54	Ċ
@PHARMACY	4,605		\$	1,640,185.80	\$ 20.11 70.15			\$
PRESCRIPTION DRUGS	4,407	20,256		1,603,225.46	79.15 64.53	3.280	363.79	
SNF/ICF	594	4,669		•		.756	507.25	
OUTPATIENTS	3,821	15,587		1,301,920.66	83.53	2.524	340.73	
MEDICAL SUPPLIES	444	61,297	1.	36,960.34	.60	9.925	83.62	
@DENTIST	53 35		\$	9,773.35	\$ 59.96	.026 \$		\$
VISITS - DIAGNOSTIC	35	87		1,082.35 1,371.00	12.44	.014	30.92	
OKAL BUKGEKI	∠	28		,		.005	685.50	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	2	2		200.00	100.00	.000	100.00	
PERIODONTICS	1	1		55.00	55.00	.000	55.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	7	15		387.00	25.80	.002	55.29	

PROSTHETICS	1	1	30.00	30.00	.000	30.00	
DENTURES, STAYPLATES	17	28	6,648.00	237.43	.005	391.06	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	2	1	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL		MONTH-OF-PAYMENT REPORT	' FOR JAN	2005 THRU DE	C 2005	PA

MOP024	FEE-FOR-SERVIC							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL AGED							
							HLY AVERA	
6,176 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST			C
		OR DAYS OF CAR			R UNIT/DAY		USER	E
@OPTOMETRIST	82	249	\$	4,551.57	\$	.040	\$ 55.51	\$
DIAGNOSTIC AND ANC. PROCED	23	40		917.57	22.94	.006	39.89	
EYE APPLIANCES	73	199		3,442.73	17.30	.032	47.16	
OTHER OPTOMETRIC SERVICES	6	10		191.27	19.13	.002	31.88	
@CHIROPRACTOR	3 0	4	\$	66.88	\$ 16.72	.001	\$ 22.29	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	3	4		66.88	16.72	.001	22.29	
@PODIATRIST	85	123	\$	1,409.19	\$ 11.46	.020	\$ 16.58	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	85	123		1,409.19	11.46	.020	16.58	
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	.00	\$
NURSE ANESTHESIST	1	1	\$	15.66	\$ 15.66	.000	15.66	\$
NURSE MIDWIFE	0	0	\$ \$ \$	.00	\$ .00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$ .00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	.00	\$
@TOTAL HOSPITAL	603	1,862	\$	158,520.69	\$ 85.13	.301	\$ 262.89	\$
HOSP INPATIENT TOTAL	152	17		125,673.19	7392.54	.003	826.80	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	4	17		26,388.94	1552.29	.003	6597.24	
ACCOMMODATIONS	4	17		11,552.54	679.56	.003	2888.14	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	4	17		11,552.54	679.56	.003	2888.14	
ANCILLARIES	4	0		14,836.40	.00	.000	3709.10	
INPATIENT CROSSOVERS	148	0		99,284.25	.00	.000	670.84	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	531	1,845		32,847.50	17.80	.299	61.86	
MEDICAL	16	20		1,106.79	55.34	.003	69.17	
SURGERY	3	4		108.27	27.07	.001	36.09	
PATHOLOGY	15	56		628.64	11.23	.009	41.91	
RADIOLOGY	17	75		6,645.14	88.60	.012	390.89	
ROOM USE	11	15		843.13	56.21	.002	76.65	
CROSSOVERS/ALL OTH OUTPTNT	509	1,675		23,515.53	14.04	.271	46.20	
@COUNTY HOSPITAL TOTAL	1	3	\$	16.10	\$ 5.37	.000	\$ 16.10	\$
CO HOSPITAL INPATIENT TOTAL		0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	1	3	16.10	5.37	.000	16.10	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	1	3	16.10	5.37	.000	16.10	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-OF-PAYMENT REP				P.A
MOP024	FEE-FOR-SERVICE	E/DENTAL					
DEL NORTE COUNTY		JICES FOR ALL AGED					
					MO	NTHLY AVERA	GE -
6,176 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	602	1,859 \$	158,504.59	\$ 85.26	.301	\$ 263.30	\$
COMM HOSP INPATIENT TOTAL	152	17	125,673.19	7392.54	.003	826.80	
HSC HOSPITALS	0	0	.00	.00		.00	
NON-HSC HOSPITALS TOTAL	4	17	26,388.94	1552.29	.003	6597.24	
ACCOMMODATIONS	4	17	11,552.54	679.56	.003	2888.14	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	4	17	11,552.54	679.56	.003	2888.14	
ANCILLARIES	4	0	14,836.40	.00	.000	3709.10	
INPATIENT CROSSOVERS	148	0	99,284.25	.00	.000	670.84	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	530	1,842	32,831.40	17.82	.298	61.95	
MEDICAL	16	20	1,106.79	55.34	.003	69.17	
SURGERY	3	4	108.27	27.07	.001	36.09	

56

75

15

0

1,672

628.64

843.13

.00

6,645.14

23,499.43

11.23

88.60

56.21

14.05

.00

.009

.012

.002

.271

.000 \$

41.91

390.89

76.65

46.26

.00 \$

15

17

11

0

508

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	629	15,174	\$	1,835,382.05	\$	120.96	2.457	\$	2917.94	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	629	15,174		1,835,382.05		120.96	2.457		2917.94	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	·	.00	•	.00	.000	·	.00	•
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	8	12	\$	183.79	\$	15.32	.002	\$	22.97	\$
PATHOLOGY	6	9	'	163.94	'	18.22	.001		27.32	'
XO AND OTHERS	2	3		19.85		6.62	.000		9.93	
@ORGANIZED OUTPATIENT CLINIC	911	1,544	Ġ	74,942.32	\$	48.54	.250	Ġ	82.26	\$
CLINIC	4	10	т	456.92	7	45.69	.002	т	114.23	7
SURGICENTER	1	1		205.06		205.06	.000		205.06	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	906	1,533		74,280.34		48.45	.248		81.99	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI		ES M		EPORT	FOR JAN 2	2005 THRU I	DEC	2005	PA
#CALIF DEPT OF HEALTH SERV MOP024		ICES AND EXPENDITURE	ES M		EPORT	FOR JAN 2	2005 THRU I	DEC	2005	PA
The state of the s	FEE-FOR-SERVIC	ICES AND EXPENDITURE			EPORT	FOR JAN 2	2005 THRU I	DEC	2005	PΑ
MOP024	FEE-FOR-SERVIC	CES AND EXPENDITURE CE/DENTAL			EPORT	FOR JAN 2	2005 THRU I			
MOP024	FEE-FOR-SERVIC	CES AND EXPENDITURE CE/DENTAL						TNC		
MOP024 DEL NORTE COUNTY	FEE-FOR-SERVIC SUMMARY OF SEF	CES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED		ONTH-OF-PAYMENT RE	AVE		MC	TNC	HLY AVERA	.GE -
MOP024 DEL NORTE COUNTY	FEE-FOR-SERVIC SUMMARY OF SEF	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED UNITS OF SERVICE		ONTH-OF-PAYMENT RE	AVE	RAGE COST	MC	ONT:	HLY AVERA COST PER	.GE -
MOP024 DEL NORTE COUNTY 6,176 ELIGIBLES	FEE-FOR-SERVIC SUMMARY OF SEF USERS	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED UNITS OF SERVICE OR DAYS OF CARE	D	ONTH-OF-PAYMENT RE	AVE PER	CRAGE COST	MC UNITS/DAYS PER ELIG	ONT:	HLY AVERA COST PER USER	.GE - C E
MOP024 DEL NORTE COUNTY 6,176 ELIGIBLES  @ALL OTHER PROVIDERS	FEE-FOR-SERVIC SUMMARY OF SEF USERS 970	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED UNITS OF SERVICE OR DAYS OF CARE 28,084	D	ONTH-OF-PAYMENT RE EXPENDITURES 72,600.64	AVE PER	CRAGE COST UNIT/DAY 2.59	MC UNITS/DAYS PER ELIG 4.547	ONT:	HLY AVERA COST PER USER 74.85	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	FEE-FOR-SERVIC SUMMARY OF SEF USERS 970 32	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED UNITS OF SERVICE OR DAYS OF CARE 28,084 777	D	ONTH-OF-PAYMENT RE EXPENDITURES 72,600.64 19,128.11	AVE PER	CRAGE COST CUNIT/DAY 2.59 24.62	MC UNITS/DAYS PER ELIG 4.547 .126	ONT:	HLY AVERA COST PER USER 74.85 597.75	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE  OR DAYS OF CARE  28,084  777  0 0	D	ONTH-OF-PAYMENT RE  EXPENDITURES  72,600.64  19,128.11  .00	AVE PER	CRAGE COST C UNIT/DAY 2.59 24.62 .00	MC UNITS/DAYS PER ELIG 4.547 .126 .000	ONT:	HLY AVERA COST PER USER 74.85 597.75	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0	D	EXPENDITURES  72,600.64  19,128.11  .00 .00	AVE PER	CRAGE COST C UNIT/DAY 2.59 24.62 .00 .00	MC UNITS/DAYS PER ELIG 4.547 .126 .000	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 0 2,147 0	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48	AVE PER	ERAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 0 2,147	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48 .00	AVE PER	ERAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00 1.95 .00	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000 .348 .000 .345	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00 104.84	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40 0 37	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 0 2,147 0 2,129	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48 .00 4,177.49	AVE PER	ERAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00 1.95 .00 1.96	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000 .348	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00 104.84 .00 112.91	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40 0 37 4	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 0 2,147 0 2,129 18	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48 .00 4,177.49 15.99	AVE PER	ERAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00 1.95 .00 1.96 .89	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000 .348 .000 .345 .003	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00 104.84 .00 112.91 4.00	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40 0 37 4	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 0 2,147 0 2,129 18 0	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48 .00 4,177.49 15.99 .00	AVE PER	ERAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00 1.95 .00 1.96 .89	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000 .348 .000 .345 .003	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00 104.84 .00 112.91 4.00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40 0 37 4	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 0 2,147 0 2,129 18 0 0	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48 .00 4,177.49 15.99 .00 .00	AVE PER	ERAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00 1.95 .00 1.96 .89 .00	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000 .348 .000 .345 .003 .000 .000	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00 104.84 .00 112.91 4.00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40 0 37 4 0 0	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 0 2,147 0 2,129 18 0 0 0	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48 .00 4,177.49 15.99 .00 .00 .00 .00 .00	AVE PER	ERAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00 1.95 .00 1.96 .89 .00 .00	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000 .348 .000 .345 .003 .000 .000 .000	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00 104.84 .00 112.91 4.00 .00 .00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40 0 37 4 0 0 0	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 0 2,147 0 2,129 18 0 0 0 0	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48 .00 4,177.49 15.99 .00 .00 .00 .00 .00 .00 .00	AVE PER	ERAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00 1.95 .00 1.96 .89 .00 .00	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000 .348 .000 .345 .003 .000 .000 .000	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00 104.84 .00 112.91 4.00 .00 .00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40 0 37 4 0 0 0	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 2,147 0 2,129 18 0 0 0 0 0 0 0	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48 .00 4,177.49 15.99 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	ERAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00 1.95 .00 1.96 .89 .00 .00 .00	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000 .348 .000 .345 .003 .000 .000 .000 .000	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00 104.84 .00 112.91 4.00 .00 .00 .00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40 0 37 4 0 0 0 0 0	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 2,147 0 2,129 18 0 0 0 0 468	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48 .00 4,177.49 15.99 .00 .00 .00 .00 .00 .00 .00	AVE PER	ERAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00 1.95 .00 1.96 .89 .00 .00	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000 .348 .000 .345 .003 .000 .000 .000 .000	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00 104.84 .00 112.91 4.00 .00 .00 .00 .00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40 0 37 4 0 0 0 0 0 178	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 2,147 0 2,129 18 0 0 0 0 468 0	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48 .00 4,177.49 15.99 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	ERAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00 1.95 .00 1.96 .89 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000 .348 .000 .345 .003 .000 .000 .000 .000 .000	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00 104.84 .00 112.91 4.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40 0 37 4 0 0 0 0 0 178 0	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 2,147 0 2,129 18 0 0 0 0 468 0 2	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48 .00 4,177.49 15.99 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	ERAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00 1.95 .00 1.96 .89 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000 .348 .000 .345 .003 .000 .000 .000 .000 .000 .000 .00	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00 104.84 .00 112.91 4.00 .00 .00 .00 .00 .00 .00 .00 .100 .00 .	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40 0 37 4 0 0 0 0 0 178 0	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 2,147 0 2,129 18 0 0 0 0 468 0 2	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48 .00 4,177.49 15.99 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	ERAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00 1.95 .00 1.96 .89 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000 .348 .000 .345 .003 .000 .000 .000 .000 .000 .000 .00	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00 104.84 .00 .112.91 4.00 .00 .00 .00 .00 .00 .00 .00 .16 .00	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40 0 37 4 0 0 0 0 0 178 0 1	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 2,147 0 2,129 18 0 0 0 468 0 2	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48 .00 4,177.49 15.99 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	ERAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00 1.95 .00 1.96 .89 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000 .348 .000 .345 .003 .000 .000 .000 .000 .000 .000 .00	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00 104.84 .00 112.91 4.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40 0 37 4 0 0 0 0 178 0 178 0	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 2,147 0 2,129 18 0 0 0 468 0 2	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48 .00 4,177.49 15.99 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	ERAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00 1.95 .00 1.96 .89 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000 .348 .000 .345 .003 .000 .000 .000 .000 .000 .000 .00	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00 104.84 .00 112.91 4.00 .00 .00 .00 .00 .00 .00 .10 .00 .00	.GE - C E
MOP024 DEL NORTE COUNTY  6,176 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 970 32 0 0 40 0 37 4 0 0 0 0 0 178 0 178 0 0	ICES AND EXPENDITURE CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 28,084 777 0 2,147 0 2,129 18 0 0 0 468 0 2	D	EXPENDITURES  72,600.64 19,128.11 .00 .00 4,193.48 .00 4,177.49 15.99 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	GRAGE COST 2 UNIT/DAY 2.59 24.62 .00 .00 1.95 .00 1.96 .89 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG 4.547 .126 .000 .000 .348 .000 .345 .003 .000 .000 .000 .000 .000 .000 .00	ONT:	HLY AVERA COST PER USER 74.85 597.75 .00 .00 104.84 .00 112.91 4.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E

NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	736	24,674	40,551.87	1.64	3.995	55.10	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	1,970	26,426	\$ 299,251.27	\$ 11.32	4.279	\$ 151.90	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

DEL	NORTE	COUNTY	STIMMARY	OF	SERVICES	FOR	ΔT <sub>1</sub> T <sub>1</sub>	BLIND

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR ALL BLIN	ID					
						MON'		AGE -
297 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	300	10,853	\$	128,232.39	\$ 11.82	36.542 \$	427.44	\$
@PHYSICIANS SERVICES	48	114	\$	3,284.57	\$ 28.81	.384 \$	68.43	\$
OUTPATIENT VISITS	13	15		751.53	50.10	.051	57.81	
OFFICE VISITS	11	13		650.45	50.03	.044	59.13	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	1	1		68.35	68.35	.003	68.35	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	1	1		32.73	32.73	.003	32.73	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	2		851.26	425.63	.007	851.26	
PRINCIPAL SURGEON	1	1		709.38	709.38	.003	709.38	
ASSISTANT SURGEON	1	1		141.88	141.88	.003	141.88	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	4	4		179.86	44.97	.013	44.97	
PRINCIPAL SURGEON	4	4		179.86	44.97	.013	44.97	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	2	2		78.60	39.30	.007	39.30	
RADIOLOGY	11	19		217.95	11.47	.064	19.81	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	1	4		200.00	50.00	.013	200.00	
OTHER SERVICES/ALL X-OVERS	27	68		1,005.37	14.78	.229	37.24	
@PHARMACY	236	9,888	\$	80,144.81	\$ 8.11	33.293 \$	339.60	\$
PRESCRIPTION DRUGS	208	729		72,837.81	99.91	2.455	350.18	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	208	729		72,837.81	99.91	2.455	350.18	
MEDICAL SUPPLIES	55	9,159		7,307.00	.80	30.838	132.85	
@DENTIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	

	DRUGS	0	0	.00	.00	.000	.00	
	ANESTHESIA	0	0	.00	.00	.000	.00	
	PERIODONTICS	0	0	.00	.00	.000	.00	
	ENDODONTICS	0	0	.00	.00	.000	.00	
	RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
	PROSTHETICS	0	0	.00	.00	.000	.00	
	DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
	SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
	MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
	FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
	ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
	ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#(	CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2005 THRU I	DEC 2005	]

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----- MONTHLY AVERAGE -

MOP024 FEE-FOR-SERVICES AND EX

DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL BLIND

297 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CAR			PΕ	R UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	6	10	\$	209.76	\$	20.98	.034	\$	34.96	\$
DIAGNOSTIC AND ANC. PROCED	4	4		124.06		31.02	.013		31.02	
EYE APPLIANCES	2	6		85.70		14.28	.020		42.85	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	3	4	\$	65.55	\$	16.39	.013	\$	21.85	\$
VISITS	0	0	·	.00	·	.00	.000	·	.00	•
OTHER SERVICES	3	4		65.55		16.39	.013		21.85	
@PODIATRIST	1	8	\$	52.80	\$	6.60	.027	\$	52.80	\$
MEDICINE/INJECTIONS	0	0	·	.00	·	.00	.000	·	.00	•
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	1	8		52.80		6.60	.027		52.80	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	2	10	\$	197.70	\$	19.77	.034	\$	98.85	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	37	181	\$	25,282.63	\$	139.68	.609	\$	683.31	\$
HOSP INPATIENT TOTAL	6	8		21,224.94		2653.12	.027		3537.49	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	3	8		20,144.24		2518.03	.027		6714.75	
ACCOMMODATIONS	3	8		4,579.46		572.43	.027		1526.49	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0 0 8		.00		.00	.000		.00	
ALL OTHER ACCOM	3	8		4,579.46		572.43	.027		1526.49	
ANCILLARIES	3	0		15,564.78		.00	.000		5188.26	
INPATIENT CROSSOVERS	3	0		1,080.70		.00	.000		360.23	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	33	173		4,057.69		23.45	.582		122.96	
MEDICAL	13	15		809.48		53.97	.051		62.27	
SURGERY	2	2		228.84		114.42	.007		114.42	
PATHOLOGY	7	29		499.34		17.22	.098		71.33	
RADIOLOGY	9	14		400.37		28.60	.047		44.49	
ROOM USE	14	18		607.15		33.73	.061		43.37	
CROSSOVERS/ALL OTH OUTPTNT	23	95		1,512.51		15.92	.320		65.76	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	

HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	005 THRU DEC	2005
MOP024	FEE-FOR-SERVICE/DEN	TAL				

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FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR ALL BLIND

DEL NORTE COUNTY

DEL NORTE COUNTY	SUMMARY OF SERV	/ICES FOR ALL BLI	ND					
						MON	THLY AVERA	AGE -
297 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	37	181	\$	25,282.63	\$ 139.68	.609 \$	683.31	\$
COMM HOSP INPATIENT TOTAL	6	8		21,224.94	2653.12	.027	3537.49	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	3	8		20,144.24	2518.03	.027	6714.75	
ACCOMMODATIONS	3	8		4,579.46		.027	1526.49	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	3	8		4,579.46	572.43	.027	1526.49	
ANCILLARIES	3	0		15,564.78	.00	.000	5188.26	
INPATIENT CROSSOVERS	3	0		1,080.70	.00	.000	360.23	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	33	173		4,057.69	23.45	.582	122.96	
MEDICAL	13	15		809.48	53.97	.051	62.27	
SURGERY	2	2		228.84	114.42	.007	114.42	
PATHOLOGY	2 7	29		499.34	17.22	.098	71.33	
RADIOLOGY	9	14		400.37	28.60	.047	44.49	
ROOM USE	14	18		607.15	33.73	.061	43.37	
CROSSOVERS/ALL OTH OUTPTNT	23	95		1,512.51	15.92	.320	65.76	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$		\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	223.20	\$ .00	.000 \$	.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		223.20	.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000 \$		\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$

HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	6	24	\$	335.93	\$	14.00	.081	\$	55.99	\$
PATHOLOGY	6	24		335.93		14.00	.081		55.99	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	49	67	\$	5,459.50	\$	81.49	.226	\$	111.42	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	49	67		5,459.50		81.49	.226		111.42	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES	MONTH-OF-PAYMENT RE	EPOR'	FOR JAN 2	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE	E/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR ALL BL	IND							
							M	TNO	HLY AVERA	.GE -
297 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES		ERAGE COST		S	COST PER	C
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER	E
@ALL OTHER PROVIDERS	37	547	\$	12,975.94	\$	23.72	1.842	\$	350.70	\$
DURABLE MED. EQUIP.	5	21		8,437.10		401.77	.071		1687.42	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	3	400		618.10		1.55	1.347		206.03	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	
OTHER TRANS	3	400		618.10		1.55	1.347		206.03	
OTHER SERVICES	0	0		.00		.00	.000		.00	
ACUPUNCTURE	0	0		.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	

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IHMC, MODEL-NF, NF, AIDS, MSSP

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

PHYSICAL THERAPIST

PORTABLE X-RAY

OPTICIAN

PROSTHETICS	3	10	2,445.52	2	244.55	.034	815.17	
ORTHOTICS	0	0	.00		.00	.000	.00	
PSYCHOLOGIST	0	0	.00		.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	
HOSPICE SERVICES	0	0	.00		.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	
ALL OTHER PROVIDERS	24	100	1,222.75		12.23	.337	50.95	
@CALIF. CHILDREN SERVICES*	23	758	\$ 17,132.53	\$	22.60	2.552	\$ 744.89	\$
@XOVER EXCLUDING STATE HOSP**	69	3,113	\$ 6,553.63	\$	2.11	10.481	\$ 94.98	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

----- MONTHLY AVERAGE -

DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

					MON 1	HLY AVERA	1GE -
25,042 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	25,988	498,157 \$	15,533,163.02	\$ 31.18	19.893 \$	597.71	\$
@PHYSICIANS SERVICES	5,010	14,362 \$	513,111.07	•		102.42	\$
OUTPATIENT VISITS	1,151	1,537		38.08	.061	50.86	
OFFICE VISITS	1,000	1,310	46,851.42	35.76	.052	46.85	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	123	152	9,209.31	60.59	.006	74.87	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	12	36	1,337.13	37.14	.001	111.43	
OTHER OUTPATIENT	36	39	1,138.59	29.19	.002	31.63	
INPATIENT VISITS	130	407	20,117.46	49.43	.016	154.75	
HOSPITAL VISITS	111	359	14,476.10	40.32	.014	130.42	
CRITICAL CARE	12	34	5,074.26	149.24	.001	422.86	
SNF/ICF/TRANS IP CARE	14	14	567.10	40.51	.001	40.51	
OPHTHALMOLOGICAL SERVICES	132	191	7,266.65	38.05	.008	55.05	
EXAMINATIONS	132	191	7,266.65	38.05	.008	55.05	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	124	760	63,792.45		.030	514.46	
PRINCIPAL SURGEON	86	135	51,935.98	384.71	.005	603.91	
ASSISTANT SURGEON	10	10	1,995.97	199.60	.000	199.60	
ANESTHESIOLOGIST	39	615	9,860.50	16.03	.025	252.83	
OUTPATIENT SURGERY	332	699	82,727.44	118.35	.028	249.18	
PRINCIPAL SURGEON	302	390	76,334.55	195.73	.016	252.76	
ASSISTANT SURGEON	3	3	225.25	75.08	.000	75.08	
ANESTHESIOLOGIST	35	306	6,167.64	20.16	.012	176.22	
DIALYSIS	13	34	3,379.34	99.39	.001	259.95	
PATHOLOGY	289	558	10,176.34	18.24	.022	35.21	
RADIOLOGY	2,124	3,840	102,350.66	26.65	.153	48.19	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	35	624	36,823.12	59.01	.025	1052.09	
OTHER SERVICES/ALL X-OVERS	1,771	5,712	127,941.16	22.40	.228	72.24	
@PHARMACY	17,672	269,651 \$	7,929,323.75		10.768 \$		\$
PRESCRIPTION DRUGS	17,038	73,290	7,744,994.66	105.68	2.927	454.57	
SNF/ICF	157	1,523	148,742.89	97.66	.061	947.41	

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENTS	16,884	71,767	7,596,251.77	105.85	2.866	449.91	
MEDICAL SUPPLIES	1,678	196,361	184,329.09	.94	7.841	109.85	
@DENTIST	280	1,266 \$	62,148.35	49.09	.051	\$ 221.96	\$
VISITS - DIAGNOSTIC	190	575	8,441.85	14.68	.023	44.43	
ORAL SURGERY	52	428	22,923.00	53.56	.017	440.83	
DRUGS	2	4	15.00	3.75	.000	7.50	
ANESTHESIA	23	24	2,100.00	87.50	.001	91.30	
PERIODONTICS	11	12	671.00	55.92	.000	61.00	
ENDODONTICS	8	8	1,162.00	145.25	.000	145.25	
RESTORATIVE DENTISTRY	45	108	6,220.50	57.60	.004	138.23	
PROSTHETICS	3	3	75.00	25.00	.000	25.00	
DENTURES, STAYPLATES	59	87	20,455.00	235.11	.003	346.69	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	2	3	50.00	16.67	.000	25.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	
ALL OTHER SERVICES	14	13	.00	.00	.001	.00	
#CXITE DEDT OF HEXITH CEDM	MEDI-CAI CEDUTCEC	VAL EADEMDIALIDES	$M \cap M \cap U = \bigcap U \cap V \cap U \cap$	MAT GOD TAM	JULE ARDII DI	ZC 200E	DΛ

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

----- MONTHLY AVERAGE -

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

								INDI AVEKA	7GE -
25,042 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST			COST PER	C
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG	ļ	USER	E
@OPTOMETRIST	666	1,879	\$ 36,066.01	\$	19.19	.075	\$	54.15	\$
DIAGNOSTIC AND ANC. PROCED	373	586	14,614.69		24.94	.023		39.18	
EYE APPLIANCES	464	1,265	21,028.78		16.62	.051		45.32	
OTHER OPTOMETRIC SERVICES	18	28	422.54		15.09	.001		23.47	
@CHIROPRACTOR	222	366	\$ 6,053.73	\$	16.54	.015	\$	27.27	\$
VISITS	198	327	5,429.82		16.60	.013		27.42	
OTHER SERVICES	24	39	623.91		16.00	.002		26.00	
@PODIATRIST	239	391	\$ 8,159.62	\$	20.87	.016	\$	34.14	\$
MEDICINE/INJECTIONS	125	149	4,646.46		31.18			37.17	
SURGERY/ANES.	7	12	420.79		35.07	.000		60.11	
RADIO./PATHOLOGY	18	25	439.43		17.58	.001		24.41	
OTHER	106	205	2,652.94		12.94	.008		25.03	
@HOME HEALTH AGENCY	49	655	\$ 38,884.68	\$	59.37	.026	\$	793.56	\$
NURSE ANESTHESIST	139	735	\$ 14,406.86	\$	19.60	.029	\$	103.65	\$
NURSE MIDWIFE	9	22	\$ 4,667.09	\$	212.14	.001		518.57	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	4,921	25,943	\$ 4,439,670.16	\$	171.13	1.036	\$	902.19	\$
HOSP INPATIENT TOTAL	497	1,356	3,564,724.27		2628.85	.054		7172.48	
HSC HOSPITALS	23	122	186,140.00		1525.74	.005		8093.04	
NON-HSC HOSPITAL TOTAL	248	1,234	3,231,436.50		2618.67	.049		13029.99	
ACCOMMODATIONS	248	1,234	1,109,759.50		899.32	.049		4474.84	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
ALL OTHER ACCOM	248	1,234	1,109,759.50		899.32	.049		4474.84	
ANCILLARIES	247	0	2,121,677.00		.00	.000		8589.79	
INPATIENT CROSSOVERS	230	0	147,147.77		.00	.000		639.77	
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	4,684	24,587	874,945.89		35.59	.982		186.79	
MEDICAL	1,806	3,710	238,058.30		64.17	.148		131.82	
SURGERY	374	470	30,157.04		64.16	.019		80.63	
PATHOLOGY	1,668	7,766	92,438.47		11.90	.310		55.42	

RADIOLOGY	1,624	2,426	201,203.62	82.94	.097	123.89	
ROOM USE	1,752	2,978	119,959.47	40.28	.119	68.47	
CROSSOVERS/ALL OTH OUTPTNT	2,592	7,237	193,128.99	26.69	.289	74.51	
@COUNTY HOSPITAL TOTAL	11	28 \$	8,671.77	\$ 309.71	.001 \$	788.34	\$
CO HOSPITAL INPATIENT TOTAL	2	7	8,120.00	1160.00	.000	4060.00	
HSC HOSPITALS	2	7	8,120.00	1160.00	.000	4060.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	9	21	551.77	26.27	.001	61.31	
MEDICAL	3	3	68.18	22.73	.000	22.73	
SURGERY	1	1	70.60	70.60	.000	70.60	
PATHOLOGY	1	7	60.24	8.61	.000	60.24	
RADIOLOGY	1	4	71.50	17.88	.000	71.50	
ROOM USE	3	3	102.01	34.00	.000	34.00	
CROSSOVERS/ALL OTH OUTPTNT		3	179.24	59.75	.000	59.75	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2005 THRU DEC	2 2005	PA

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR ALL DISABLED

MOP024

DEL NORTE COUNTY

001111111111111111111111111111111111111					1401		
USERS			EXPENDITURES				C
							. E
•	•	\$					\$
	-						
248	1,234		1,109,759.50	899.32	.049	4474.84	
0	0		.00	.00	.000	.00	
0	0		.00		.000	.00	
248	1,234		1,109,759.50	899.32	.049	4474.84	
	0		2,121,677.00	.00	.000	8589.79	
230	0		147,147.77	.00		639.77	
0	0		.00	.00	.000	.00	
4,678	24,566		874,394.12	35.59	.981	186.92	
1,803	3,707		237,990.12	64.20	.148	132.00	
373	469		30,086.44	64.15	.019	80.66	
1,668			92,378.23	11.91	.310	55.38	
1,623	2,422		201,132.12	83.04	.097	123.93	
1,750	2,975		119,857.46	40.29	.119	68.49	
T 2,589	7,234		192,949.75	26.67	.289	74.53	
12	365	\$	256,167.95	\$ 701.83	.015	\$ 21347.33	\$
0	0		.00	.00	.000	.00	
12	365		256,167.95	701.83	.015	21347.33	
137	2,680	\$	388,422.62	\$ 144.93	.107	2835.20	\$
0	0		.00	.00	.000	.00	
0	0		.00	.00	.000	.00	
G 0	0		.00	.00	.000	.00	
1	8		4,640.56	580.07	.000	4640.56	
0	0		.00	.00	.000	.00	
136	2,672		383,782.06	143.63	.107	2821.93	
	0 248 247 230 0 4,678 1,803 373 1,668 1,623 1,750 1,750 1,759 12 0 12 137 0 0 0 0 3	OR DAYS OF CARE  4,915     496     1,349     21     115     248     1,234     248     1,234     0     0     0     0     248     247     230     0     0     0     4,678     24,566     1,803     3,707     373     469     1,668     7,759     1,623     2,422     1,750     2,975     7,234     12     365     0     0     12     365     137     2,680     0	OR DAYS OF CARE  4,915	OR DAYS OF CARE  4,915	OR DAYS OF CARE  4,915 25,915 3,556,604.27 21 115 178,020.00 248 1,234 3,231,436.50 2618.67 248 1,234 1,109,759.50 899.32 0 0 0 0 0 0 0 0 248 1,234 1,109,759.50 899.32 247 0 0 2,121,677.00 0 0 0 0 147,147.77 00 0 0 4,678 24,566 874,394.12 35.59 1,803 3,707 237,990.12 64.20 373 469 30,086.44 64.15 1,668 7,759 92,378.23 11.91 1,623 2,422 201,132.12 83.04 1,750 2,975 119,857.46 40.29 1,2589 7,234 192,949.75 26.67 12 365 256,167.95 701.83 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE  4,915 25,915 \$ 4,430,998.39 \$ 170.98 1.035 \$ 496 1,349 3,556,604.27 2636.47 .054 21 115 178,020.00 1548.00 .005 248 1,234 3,231,436.50 2618.67 .049 0 0 0 .00 .00 .000 .000 .000 .000	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           4,915         25,915         \$ 4,430,998.39         \$ 170.98         1.035         \$ 901.53           496         1,349         3,556,604.27         2636.47         .054         7170.57           21         115         178,020.00         1548.00         .005         8477.14           248         1,234         3,231,436.50         2618.67         .049         13029.99           248         1,234         1,109,759.50         899.32         .049         4474.84           0         0         .00         .00         .00         .00         .00           248         1,234         1,109,759.50         899.32         .049         4474.84           247         0         2,121,677.00         .00         .00         .00         .00           230         0         147,147.77         .00

@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	.00		.00	.000		.00	
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	43	230 \$	34,520.29	\$	150.09	.009	\$	802.80	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	43	230	34,520.29		150.09	.009		802.80	
@REHABILITATION FACILITY	6	35 \$	1,133.83	\$	32.40	.001	\$	188.97	\$
HOSPITAL BASED	6	35	1,133.83		32.40	.001		188.97	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	1,667	5,873 \$	80,227.46	\$	13.66	.235	\$	48.13	\$
PATHOLOGY	1,663	5,857	80,164.64		13.69	.234		48.20	
XO AND OTHERS	4	16	62.82		3.93	.001		15.71	
@ORGANIZED OUTPATIENT CLINIC	7,854	12,340 \$	1,084,148.61	\$	87.86	.493	\$	138.04	\$
CLINIC	12	17	1,345.67		79.16	.001		112.14	
SURGICENTER	3	21	965.47		45.97	.001		321.82	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	7,844	12,302	1,081,837.47		87.94	.491		137.92	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	2005 THRU	DEC	2005	PA

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

DDD NORTH COUNTY	BOILING OF BERVE	CLC TOR THE DISTREE	5		MON		CT.
05 040 51 56551 56	Hanna			7.1ED7.GE GOGE	MON		MGE -
25,042 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			COST PER	<u>_</u>
	0 0.4=	OR DAYS OF CARE		PER UNIT/DAY		USER	E
@ALL OTHER PROVIDERS	3,047	161,364 \$	636,050.94				\$
DURABLE MED. EQUIP.	184	407	94,236.03			512.15	
BLOOD BANK	0	0	.00		.000	.00	
HEARING AID DISPENSERS	2	4	818.23	204.56	.000	409.12	
MEDICAL TRANSPORTATION	515	97,426	272,378.27			528.89	
AMBULANCES/AIR TRANS	429	11,143	119,007.05			277.41	
OTHER TRANS	83	85,693	126,079.78			1519.03	
OTHER SERVICES	115	590	27,291.44	46.26	.024	237.32	
ACUPUNCTURE	8	21	368.83			46.10	
ADULT DAY HEALTH CARE CTR	13	239	16,640.06	69.62	.010	1280.00	
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.001	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	33	121	16,076.52	132.86		487.17	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	718	1,881	18,388.95	9.78	.075	25.61	
PHYSICAL THERAPIST	228	2,217	33,910.33	15.30	.089	148.73	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	21	140	29,489.77	210.64	.006	1404.27	
PROSTHETICS	21	140	29,489.77	210.64	.006	1404.27	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	5	10	124.85	12.49	.000	24.97	
SPEECH AND AUDIOLOGY	37	144	4,312.51	29.95	.006	116.55	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	394	6,397	47,758.49	7.47	.255	121.21	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	1,032	52,344	100,183.10	1.91	2.090	97.08	
@CALIF. CHILDREN SERVICES*	90	1,278 \$	204,887.98	\$ 160.32	.051 \$	2276.53	\$
@XOVER EXCLUDING STATE HOSP**	3,524	44,455 \$	422,116.57		1.775 \$		
@* TOTALS IN THESE LINES ARE			ONLY;		·		•

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

DEE NORTH COUNTY	DOMMAKI OF BEIN	VICED FOR ALL PARTITION					
					MON'		GE -
54,891 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	28,645	133,715 \$	8,506,740.08		2.436 \$	296.97	\$
@PHYSICIANS SERVICES	4,795	9,463 \$	397,497.66	\$ 42.01	.172 \$	82.90	\$
OUTPATIENT VISITS	1,098	1,355	52,746.97	38.93	.025	48.04	
OFFICE VISITS	898	1,029	37,883.82	36.82	.019	42.19	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	145	162	8,637.07	53.32	.003	59.57	
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	
OB VISITS/COMPRE PERI	33	126	4,788.85	38.01	.002	145.12	
OTHER OUTPATIENT	35	37	1,382.40	37.36	.001	39.50	
INPATIENT VISITS	140	705	68,375.71	96.99	.013	488.40	
HOSPITAL VISITS	111	285	14,667.62	51.47	.005	132.14	
CRITICAL CARE	37	419	53,635.99	128.01	.008	1449.62	
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10	
OPHTHALMOLOGICAL SERVICES	54	61	2,220.10	36.40	.001	41.11	
EXAMINATIONS	54	61	2,220.10	36.40	.001	41.11	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	115	482	60,934.73	126.42	.009	529.87	
PRINCIPAL SURGEON	84	100	50,910.07	509.10	.002	606.07	
ASSISTANT SURGEON	11	11	1,892.50	172.05	.000	172.05	
ANESTHESIOLOGIST	32	371	8,132.16	21.92	.007	254.13	
OUTPATIENT SURGERY	358	980	75,197.49	76.73	.018	210.05	
PRINCIPAL SURGEON	336	419	69,570.50	166.04	.008	207.06	
ASSISTANT SURGEON	1	1	134.77	134.77	.000	134.77	
ANESTHESIOLOGIST	29	560	5,492.22	9.81	.010	189.39	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	232	462	7,891.85	17.08	.008	34.02	
RADIOLOGY	3,166	4,477	103,259.59	23.06	.082	32.62	
PSYCHIATRY	0	0	.00	.00	.000	.00	

IMMUNIZATION AND INJECTION	52	141	1,274.56	9.04	.003	24.51	
OTHER SERVICES/ALL X-OVERS	444	800	25,596.66	32.00	.015	57.65	
@PHARMACY	13,415	32,525	\$ 1,840,731.59	\$ 56.59	.593	\$ 137.21	\$
PRESCRIPTION DRUGS	13,338	32,046	1,813,066.53	56.58	.584	135.93	
SNF/ICF	1	1	8.53	8.53	.000	8.53	
OUTPATIENTS	13,337	32,045	1,813,058.00	56.58	.584	135.94	
MEDICAL SUPPLIES	307	479	27,665.06	57.76	.009	90.11	
@DENTIST	414	2,542	\$ 98,213.55	\$ 38.64	.046	\$ 237.23	\$
VISITS - DIAGNOSTIC	332	1,398	22,151.80	15.85	.025	66.72	
ORAL SURGERY	108	581	37,186.00	64.00	.011	344.31	
DRUGS	5	6	15.00	2.50	.000	3.00	
ANESTHESIA	41	41	4,100.00	100.00	.001	100.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	21	32	2,956.00	92.38	.001	140.76	
RESTORATIVE DENTISTRY	103	377	17,563.00	46.59	.007	170.51	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	19	29	9,003.00	310.45	.001	473.84	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	14	16	800.00	50.00	.000	57.14	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	37	42	4,157.50	98.99	.001	112.36	
ALL OTHER SERVICES	20	20	281.25	14.06	.000	14.06	
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT F	REPORT FOR JAN	2005 THRU D	EC 2005	PA
MOP024	FEE-FOR-SERVICE	/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMI	LIES				
						NTHLY AVERA	AGE -
54,891 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	r units/days	COST PER	C

						M	$\Gamma$ NO	THLY AVERA	AGE -
54,891 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG	ļ	USER	E
@OPTOMETRIST	831	2,361	\$ 45,457.01	\$	19.25	.043	\$	54.70	\$
DIAGNOSTIC AND ANC. PROCED	589	944	24,236.00		25.67	.017		41.15	
EYE APPLIANCES	512	1,413	21,180.04		14.99	.026		41.37	
OTHER OPTOMETRIC SERVICES	4	4	40.97		10.24	.000		10.24	
@CHIROPRACTOR	263	392	\$ 6,520.80	\$	16.63	.007	\$	24.79	\$
VISITS	263	392	6,520.80		16.63	.007		24.79	
OTHER SERVICES	0	0	.00		.00	.000		.00	
@PODIATRIST	117	170	\$ 5,699.56	\$	33.53	.003	\$	48.71	\$
MEDICINE/INJECTIONS	113	149	4,953.83		33.25	.003		43.84	
SURGERY/ANES.	4	4	440.25		110.06	.000		110.06	
RADIO./PATHOLOGY	10	15	257.79		17.19	.000		25.78	
OTHER	1	2	47.69		23.85	.000		47.69	
@HOME HEALTH AGENCY	17	254	\$ 16,836.00	\$	66.28	.005	\$	990.35	\$
NURSE ANESTHESIST	300	1,605	\$ 31,925.40	\$	19.89	.029	\$	106.42	\$
NURSE MIDWIFE	129	286	\$ 52,200.60	\$	182.52	.005	\$	404.66	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	5	9	\$ 168.56	\$	18.73	.000	\$	33.71	\$
@TOTAL HOSPITAL	7,314	37,700	\$ 3,587,237.00	\$	95.15	.687	\$	490.46	\$
HOSP INPATIENT TOTAL	371	1,460	2,370,607.44		1623.70	.027		6389.78	
HSC HOSPITALS	34	218	336,057.51		1541.55	.004		9884.04	
NON-HSC HOSPITAL TOTAL	337	1,242	2,033,979.05		1637.66	.023		6035.55	
ACCOMMODATIONS	337	1,242	939,212.81		756.21	.023		2786.98	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
ALL OTHER ACCOM	337	1,242	939,212.81		756.21	.023		2786.98	
ANCILLARIES	337	0	1,094,766.24		.00	.000		3248.56	
INPATIENT CROSSOVERS	2	0	570.88		.00	.000		285.44	

ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	7.149	0 36,240	1 216 629 56	33.57		170.18	
MEDICAL	3,724		312,235.68			83.84	
SURGERY	699	903	51.739.08	57.30			
PATHOLOGY	2 865	903 10,088	126.818.73	12.57		44.26	
RADIOLOGY	2,505	3,376	216,534.81	64.14	.062	86.44	
ROOM USE		6,576	248,659.12	37.81	.120	55.64	
CROSSOVERS/ALL OTH OUTPTNT	3.317	10.114	260,642.14	25.77	.184	78.58	
@COUNTY HOSPITAL TOTAL	14		1,944.34	\$ 32.41	.001 \$	138.88	\$
CO HOSPITAL INPATIENT TOTAL			.00	. 00	. 000	.00	۲
HSC HOSPITALS	0	0	. 0.0	. 00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0 0 0 0 0 0 0	.00	.00 .00 .00 .00 .00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000		
ALL OTHER INPATIENT	0	0	.00	.00	.000	. 00	
CO HOSP OUTPATIENT TOTAL	14	60	1,944.34	32.41	.001	138.88	
MEDICAL	5 1	6	352.43	58.74	.000	70.49	
SURGERY	1	3	61.68	20.56	.000	61.68	
PATHOLOGY	6	18	321.53	17.86	.000	53.59	
RADIOLOGY	2	2	74.27		.000		
ROOM USE	8	13	556.45	42.80	.000	69.56	
CROSSOVERS/ALL OTH OUTPTNT	8	18	577.98	32.11	.000	72.25	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2005 THRU DEC	2005	PA
	FEE-FOR-SERVICE						
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMILIES					
					MONT		.GE -
54,891 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				C
		OR DAYS OF CARE		PER UNIT/DAY		USER	E
	7,301	37,640 \$					\$
	371			1623.70	.027	6389.78	
HSC HOSPITALS	34	218	336,057.51	1541.55	.004	9884.04	
NON-HSC HOSPITALS TOTAL	337	1,242	2,033,979.05	1637.66	.023	6035.55	

						11011		
54,891 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	,	COST PER USER	C
					,			. Е
@COMMUNITY HOSPITAL TOTAL	7,301	37,640	\$	3,585,292.66	\$ 95.25	.686 \$		\$
COMM HOSP INPATIENT TOTAL	371	1,460		2,370,607.44	1623.70	.027	6389.78	
HSC HOSPITALS	34	218		336,057.51	1541.55	.004	9884.04	
NON-HSC HOSPITALS TOTAL	337	1,242		2,033,979.05	1637.66	.023	6035.55	
ACCOMMODATIONS	337	1,242		939,212.81	756.21	.023	2786.98	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	337	1,242		939,212.81	756.21	.023	2786.98	
ANCILLARIES	337	0		1,094,766.24	.00	.000	3248.56	
INPATIENT CROSSOVERS	2	0		570.88	.00	.000	285.44	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	7,136	36,180		1,214,685.22	33.57	.659	170.22	
MEDICAL	3,719	5,177		311,883.25	60.24	.094	83.86	
SURGERY	698	900		51,677.40	57.42	.016	74.04	
PATHOLOGY	2,859	10,070		126,497.20	12.56	.183	44.25	
RADIOLOGY	2,503	3,374		216,460.54	64.16	.061	86.48	
ROOM USE	4,461	6,563		248,102.67	37.80	.120	55.62	
CROSSOVERS/ALL OTH OUTPINT	3,310	10,096		260,064.16	25.76	.184	78.57	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	1	12	\$	1,521.60	\$ 126.80	.000 \$	1521.60	\$
LEV A-INTERMEDIATE	0	0	•	.00	.00	.000	.00	•

LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	1	12		1,521.60		126.80	.000		1521.60	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	31	160	\$	4,082.29	\$	25.51	.003	\$	131.69	\$
HOSPITAL BASED	31	160		4,082.29		25.51	.003		131.69	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	2,223	5,924	\$	94,406.02	\$	15.94	.108	\$	42.47	\$
PATHOLOGY	2,223	5,924		94,406.02		15.94	.108		42.47	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	12,636	17,718	\$	2,022,990.66	\$	114.18	.323	\$	160.10	\$
CLINIC	79	310		11,932.89		38.49	.006		151.05	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	12,570	17,408		2,011,057.77		115.52	.317		159.99	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITU	RES N	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DE	NTAL								
DEL NORTE COUNTY	SUMMARY OF SERVICE	S FOR ALL FA	MILIE	ES						
							M	IONT:	HLY AVERA	.GE -

MOP024	FEE-FOR-SERVIC	E/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR ALL FAMILIES					
					MON	THLY AVERAG	GE -
54,891 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	1,937	22,594 \$	301,251.78	\$ 13.33	.412 \$	155.52	\$
DURABLE MED. EQUIP.	28	57	4,531.57	79.50	.001	161.84	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	374	13,663	194,878.53	14.26	.249	521.07	
AMBULANCES/AIR TRANS	364	11,059	140,734.95	12.73	.201	386.63	
OTHER TRANS	7	2,483	3,630.65	1.46	.045	518.66	
OTHER SERVICES	114	121	50,512.93	417.46	.002	443.10	
ACUPUNCTURE	1	1	17.38	17.38	.000	17.38	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	89	89	9,345.00			105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	2	19	1,486.31	78.23	.000	743.16	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	557	1,210	10,384.26	8.58	.022	18.64	
PHYSICAL THERAPIST	190	1,492	22,411.52	15.02	.027	117.96	
PORTABLE X-RAY	0	0	.00			.00	
PROSTHETIST/ORTHOTISTS	11	32	6,191.56	193.49	.001	562.87	
PROSTHETICS	11	32	6,191.56	193.49	.001	562.87	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	66	212	8,497.64	40.08	.004	128.75	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	572	3,341	36,723.68	10.99	.061	64.20	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	

PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	80	2,478	6,784.33	2.74	.045	84.80	
@CALIF. CHILDREN SERVICES*	108	1,477	\$ 399,907.73	\$ 270.76	.027	\$ 3702.85	\$
@XOVER EXCLUDING STATE HOSP**	63	1,085	\$ 3,061.25	\$ 2.82	.020	\$ 48.59	\$

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@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

DEL NORTE COUNTY	SUMMARY OF SERV	JICES FOR ALL MEDICALL	Y INDIGENT				
					MON'		
3,109 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			C
		OR DAYS OF CARE		PER UNIT/DAY		USER	E
@TOTAL, ALL PROVIDERS	1,737	8,949 \$	557,098.52	\$ 62.25	2.878 \$		\$
@PHYSICIANS SERVICES	300	520 \$	22,012.11	\$ 42.33	.167 \$	73.37	\$
OUTPATIENT VISITS	91	117	4,697.53	40.15	.038	51.62	
OFFICE VISITS	58	73	2,533.18	34.70	.023	43.68	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	22	30	1,696.78	56.56	.010	77.13	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	3	5	168.58	33.72	.002	56.19	
OTHER OUTPATIENT	9	9	298.99	33.22	.003	33.22	
INPATIENT VISITS	13	45	3,958.22	87.96	.014	304.48	
HOSPITAL VISITS	8	24	1,582.98	65.96	.008	197.87	
CRITICAL CARE	3	19	2,320.24	122.12	.006	773.41	
SNF/ICF/TRANS IP CARE	2	2	55.00	27.50	.001	27.50	
OPHTHALMOLOGICAL SERVICES	2	2	76.86	38.43	.001	38.43	
EXAMINATIONS	2	2	76.86	38.43	.001	38.43	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	5	8	1,849.82	231.23	.003	369.96	
PRINCIPAL SURGEON	4	4	1,802.81	450.70	.001	450.70	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	4	47.01	11.75	.001	47.01	
OUTPATIENT SURGERY	15	36	2,254.40	62.62	.012	150.29	
PRINCIPAL SURGEON	11	14	1,157.55	82.68	.005	105.23	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	4	22	1,096.85	49.86	.007	274.21	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	8	8	262.88	32.86	.003	32.86	
RADIOLOGY	194	245	6,544.48	26.71	.079	33.73	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	2	3	15.00	5.00	.001	7.50	
OTHER SERVICES/ALL X-OVERS	25	56	2,352.92	42.02	.018	94.12	
@PHARMACY	694	1,618 \$	121,761.52		.520 \$		\$
PRESCRIPTION DRUGS	688	1,541	116,175.65	75.39	.496	168.86	۲
SNF/ICF	3	25	2,685.36	107.41	.008	895.12	
OUTPATIENTS	685	1,516	113,490.29	74.86	.488	165.68	
MEDICAL SUPPLIES	25	77	5,585.87	72.54	.025	223.43	
@DENTIST	26	111 \$	5,352.00		.036 \$		\$
VISITS - DIAGNOSTIC	18	65	1,186.00	18.25	.021	65.89	۲
ORAL SURGERY	11	33	3,398.00	102.97	.011	308.91	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	6	6	500.00	83.33	.002	83.33	
PERIODONTICS	0	0	.00	.00	.002	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
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RESTORATIVE DENTISTRY	3	3	43.00	14.33	.001	14.33
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.001	150.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	2	2	75.00	37.50	.001	37.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU I	DEC 2005

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MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

							M		THLY AVERA	GE -
3,109 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV]	ERAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	39	101	\$	1,862.54	\$	18.44	.032	\$	47.76	\$
DIAGNOSTIC AND ANC. PROCED	22	35		891.44		25.47	.011		40.52	
EYE APPLIANCES	25	66		971.10		14.71	.021		38.84	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	7	9	\$	150.48	\$	16.72	.003	\$	21.50	\$
VISITS	7	9		150.48		16.72	.003		21.50	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	1	7	\$	479.29	\$	68.47	.002	\$	479.29	\$
NURSE ANESTHESIST	18	88	\$	1,908.88	\$	21.69	.028	\$	106.05	\$
NURSE MIDWIFE	20	43	\$	6,213.04	\$	144.49	.014	\$	310.65	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	591	3,651	\$	250,387.46	\$	68.58	1.174	\$	423.67	\$
HOSP INPATIENT TOTAL	34	115		142,725.53		1241.09	.037		4197.81	
HSC HOSPITALS	4	12		22,076.00		1839.67	.004		5519.00	
NON-HSC HOSPITAL TOTAL	30	103		120,649.53		1171.35	.033		4021.65	
ACCOMMODATIONS	30	103		65,583.66		636.73	.033		2186.12	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	30	103	65,583.66	636.73	.033	2186.12	
ANCILLARIES	30	0	55,065.87	.00	.000	1835.53	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	581	3,536	107,661.93	30.45	1.137	185.30	
MEDICAL	222	291	17,928.11	61.61	.094	80.76	
SURGERY	47	64	3,682.24	57.54	.021	78.35	
PATHOLOGY	269	1,122	14,864.82	13.25	.361	55.26	
RADIOLOGY	168	207	12,883.15	62.24	.067	76.69	
ROOM USE	384	571	20,251.05	35.47	.184	52.74	
CROSSOVERS/ALL OTH OUTPINT	299	1,281	38,052.56	29.71	.412	127.27	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	005 THRU D	EC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTA	L					
DEL NORTE COUNTY	SUMMARY OF SERVICES F		ALLY INDIGENT				
*****							

3,109 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @COMMUNITY HOSPITAL TOTAL 591 3,651 250,387.46 68.58 1.174 \$ 423.67 \$ COMM HOSP INPATIENT TOTAL 142,725.53 .037 115 1241.09 4197.81 12 HSC HOSPITALS 22,076.00 1839.67 .004 5519.00 NON-HSC HOSPITALS TOTAL 30 103 120,649.53 1171.35 4021.65 .033 ACCOMMODATIONS 30 103 65,583.66 636.73 .033 2186.12 ADMINISTRATIVE DAYS Ω Ω .00 .00 .000 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 30 103 65,583.66 636.73 .033 2186.12 ALL OTHER ACCOM ANCILLARIES 30 0 55,065.87 .00 .000 1835.53 .00 .00 .000 .00 INPATIENT CROSSOVERS .000 ALL OTHER INPATIENT 0 0 .00 .00 .00 COMM HOSP OUTPATIENT TOTAL 581 3,536 107,661.93 30.45 1.137 185.30 MEDICAL 222 291 17,928.11 61.61 .094 80.76 SURGERY 47 64 3,682.24 57.54 .021 78.35 269 1,122 14,864.82 13.25 .361 55.26 PATHOLOGY RADIOLOGY 207 12,883.15 62.24 .067 168 76.69 571 20,251.05 ROOM USE 384 35.47 .184 52.74 CROSSOVERS/ALL OTH OUTPTNT 299 1,281 38,052.56 29.71 .412 127.27

----- MONTHLY AVERAGE

Ε

@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ġ	.00	Ś
MENTALLY ILL	0	0	٣	.00	٣	.00	.000	۲	.00	۲
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	3	65	\$	8,310.76	Ġ	127.86	.021	\$	2770.25	\$
LEV A-INTERMEDIATE	0	0	'	.00		.00	.000	'	.00	'
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	3	65		8,310.76		127.86	.021		2770.25	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	1	3	\$	63.57	\$	21.19	.001	\$	63.57	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	1	3		63.57		21.19	.001		63.57	
@LABORATORY FACILITY	129	269	\$	5,364.36	\$	19.94	.087	\$	41.58	\$
PATHOLOGY	129	269		5,364.36		19.94	.087		41.58	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	649	924	\$	108,134.82	\$	117.03	.297	\$	166.62	\$
CLINIC	9	40		1,574.79		39.37	.013		174.98	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	641	884		106,560.03		120.54	.284		166.24	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MONT	H-OF-PAYMENT RE	PORT	FOR JAN 2005	THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	ALL M	EDICALLY	INDIGENT						a.e.

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR ALL MEDICALLY	INDIGENT				
					MON	THLY AVERA	GE -
3,109 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	107	1,540 \$	25,097.69	\$ 16.30	.495 \$	234.56	\$
DURABLE MED. EQUIP.	1	2	57.56	28.78	.001	57.56	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	26	729	15,569.46	21.36	.234	598.83	
AMBULANCES/AIR TRANS	23	633	10,281.22	16.24	.204	447.01	
OTHER TRANS	1	84	109.20	1.30	.027	109.20	
OTHER SERVICES	12	12	5,179.04	431.59	.004	431.59	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	23	23	2,415.00	105.00	.007	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	23	48	413.84	8.62	.015	17.99	
PHYSICAL THERAPIST	2	28	297.81	10.64	.009	148.91	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	6	894.98	149.16	.002	894.98	
PROSTHETICS	1	6	894.98	149.16	.002	894.98	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	6	39	1,304.75	33.46	.013	217.46	

HOSPICE SERVICES	1	1	138.27	138.27	.000	138.27	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	25	648	3,239.15	5.00	.208	129.57	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	6	16	766.87	47.93	.005	127.81	
@CALIF. CHILDREN SERVICES*	34	449	\$ 50,621.68	\$ 112.74	.144	\$ 1488.87	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71 ----- MONTHLY AVERAGE USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 03 ELIGIBLES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @TOTAL, ALL PROVIDERS 6 42 1,883.39 \$ 44.84 14.000 S 313.90 \$ @PHYSICIANS SERVICES 618.86 206.29 1.000 \$ 206.29 \$ OUTPATIENT VISITS .000 .00 .00 .00 OFFICE VISITS .00 .00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 .000 EMERGENCY ROOM .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .000 .00 .00 .00 CRITICAL CARE .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 **EXAMINATIONS** .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 618.86 DIALYSIS 206.29 1.000 206.29 PATHOLOGY .00 .00 .000 .00 .00 .00 RADIOLOGY .000 .00 **PSYCHIATRY** .00 .00 .000 .00 IMMUNIZATION AND INJECTION .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS .00 .000 .00 9.59 9.59 9.59 @PHARMACY .333 \$ PRESCRIPTION DRUGS 9.59 9.59 .333 9.59 .00 .00 .000 .00 SNF/ICF 9.59 9.59 OUTPATIENTS .333 9.59 MEDICAL SUPPLIES .00 .00 .000 .00 @DENTIST .00 .00 .000 .00 VISITS - DIAGNOSTIC .00 .00 .000 .00

ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN	2005 THRU I	DEC 2005	]
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MOP024	FEE-FOR-SERVI		PENDITOR	RES MONTI	H-OF-PAYMENT RE	SPORT I	OR JAN 2	2005 THRU .	DEC	2005	PA
DEL NORTE COUNTY	SUMMARY OF SER		RENAL I	DTALYSTS		Α-	ID CODES	71			
222 1101112 0001111	001111111111111111111111111111111111111						20022	M	ONT	HLY AVERA	GE -
03 ELIGIBLES	USERS	UNITS OF	SERVICE	E	EXPENDITURES	AVERA	AGE COST	UNITS/DAY			C
			OF CARE					PER ELIG		USER	Ē
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000		.00	\$
DIAGNOSTIC AND ANC. PROCED	0		0	'	.00	'	.00	.000	'	.00	'
EYE APPLIANCES	0		0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00	
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0		0	,	.00		.00	.000	•	.00	·
OTHER SERVICES	0		0		.00		.00	.000		.00	
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0		0	·	.00	•	.00	.000	·	.00	·
SURGERY/ANES.	0		0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00	
OTHER	0		0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0		0	\$ \$ \$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00	
MEDICAL	0		0		.00		.00	.000		.00	
SURGERY	0		0		.00		.00	.000		.00	
PATHOLOGY	0		0		.00		.00	.000		.00	
RADIOLOGY	0		0		.00		.00	.000		.00	
ROOM USE	0		0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

					MONT	THLY AVERAGE	E -
03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	

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ROOM USE	0	0		.00		.00	.000		.00		
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
MENTALLY ILL	0	0		.00		.00	.000		.00		
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	
LEV A-INTERMEDIATE	0	0	4	.00	۲	.00	.000	٣	.00	۲	
LEV B-REHAB MD	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	•	0									
	•			.00		.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
LEV B-REGULAR	0	0		.00		.00	.000		.00		
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
ICF DDH	0	0		.00		.00	.000		.00		
ICF DD	0	0		.00		.00	.000		.00		
ICF DDN/DDCN	0	0		.00		.00	.000		.00		
@HEMODIALYSIS TOTAL	1	16	\$	1,047.13	\$	65.45	5.333	\$	1047.13	\$	
HOSPITAL BASED	0	0	т	.00	7	.00	.000	т.	.00	т	
HEMODIALYSIS CENTER	1	16		1,047.13		65.45	5.333		1047.13		
@REHABILITATION FACILITY	0	0	\$	.00	Ġ	.00	.000	Ġ	.00	\$	
	0	0	Ą	.00	Ą			Ą		Ą	
HOSPITAL BASED		~				.00	.000		.00		
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		
@LABORATORY FACILITY	1	22	\$	207.81	\$	9.45	7.333	Ş	207.81	\$	
PATHOLOGY	1	22		207.81		9.45	7.333		207.81		
XO AND OTHERS	0	0		.00		.00	.000		.00		
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
CLINIC	0	0		.00		.00	.000		.00		
SURGICENTER	0	0		.00		.00	.000		.00		
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	IRES MOI		יים חקי			חבכ		PΑ	
MOP024	FEE-FOR-SERVIC		THE PROPERTY	WIII OF TAIMENT KE	JI OILI	TOR OAN	2005 11110	рыс	2005	I.F.	
DEL NORTE COUNTY		VICES FOR RENAL	DIAIVO	TC		AID CODES	71				
DEL NORIE COUNTY	SUMMARY OF SER	VICES FOR RENAL	DIALIS	15	4	AID CODES	/ L M	ONTIT!		αп	
02 81 1618186	Hanna	ITALITHO OF GERMAN	NT		7/ 7/ 7777						
03 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY			C	
	_	OR DAYS OF CAR					PER ELIG		USER	E	
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		
BLOOD BANK	0	0		.00		.00	.000		.00		
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		
OTHER TRANS	0	0		.00		.00	.000		.00		
OTHER SERVICES	0	0		.00		.00	.000		.00		
ACUPUNCTURE	0	0		.00		.00	.000		.00		
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		
	0	0							.00		
GENETIC DISEASE TESTING		0		.00		.00	.000				
IHMC, MODEL-NF, NF, AIDS, MSSP	0			.00		.00	.000		.00		
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		
OPTICIAN		Λ		.00		.00	.000		.00		
PHYSICAL THERAPIST	0	~									
	0	0		.00		.00	.000		.00		
PORTABLE X-RAY		~		.00					.00		
	0	0				.00	.000				

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SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

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<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 P. MOP024 FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

----- MONTHLY AVERAGE 00 ELIGIBLES **USERS** UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER .000 \$ \$ @TOTAL, ALL PROVIDERS 0 0 .00 \$ .00 .00 @PHYSICIANS SERVICES .00 .00 .000 .00 \$ OUTPATIENT VISITS .00 .00 .000 .00 OFFICE VISITS .00 .00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .000 EMERGENCY ROOM .00 PREVENTIVE CARE .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 **EXAMINATIONS** .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 DIALYSIS .00 .00 .000 .00 .00 .000 PATHOLOGY .00 .00 RADIOLOGY .00 .00 .000 .00 **PSYCHIATRY** .00 .00 .000 .00 IMMUNIZATION AND INJECTION .00 .00 .000 .00 OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 @PHARMACY .00 .00 .000 .00 PRESCRIPTION DRUGS .00 .00 .000 .00

SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REPORT	FOR JAN 200	5 THRU DE	C 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	_					

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

DEL NORTE COUNTI	SUMMANT OF SERVIC	ES LOK TOTAL E	WI/THIAT	DIAL MOINTION	V1	D CODES	13				
							MO			GE -	
00 ELIGIBLES	USERS U	NITS OF SERVICE	3	EXPENDITURES			UNITS/DAYS	3	COST PER	C	
		OR DAYS OF CARE	3		PER U	NIT/DAY	PER ELIG		USER	E	
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		
EYE APPLIANCES	0	0		.00		.00	.000		.00		
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
VISITS	0	0		.00		.00	.000		.00		
OTHER SERVICES	0	0		.00		.00	.000		.00		
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		
SURGERY/ANES.	0	0		.00		.00	.000		.00		
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		
OTHER	0	0		.00		.00	.000		.00		
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		
MEDICAL	0	0		.00		.00	.000		.00		
SURGERY	0	0		.00		.00	.000		.00		

PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		TH-OF-PAYMENT REP	PORT FOR JAN	2005 THRU I	DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR TOTAL PARENTE	RAL NUTRITION	AID CODES			
						ONTHLY AVERA	.GE -
00 ELIGIBLES		OF SERVICE		AVERAGE COST			C
	OR DA	AYS OF CARE		PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	•	\$
COMM TICED TAIDAMTENIM MOMAT	0	^	0.0	0.0	000	0.0	

					MON'	THLY AVERAGE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER E
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDIT	JRES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN 2	2005 THRU	DEC	2005	PA:
MOP024	FEE-FOR-SERVICE/	'DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR TOTAL	PARENT	ERAL NUTRITION	I	AID CODES	73			
							M	ONT	HLY AVERA	.GE -
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES			UNITS/DAY	S	COST PER	C
		OR DAYS OF CAL	RE		PER	UNIT/DAY	PER ELIG		USER	E
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	
OTHER TRANS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
ACUPUNCTURE	0	0		.00		.00	.000		.00	
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ADULT DAY HEALTH CARE CTR

GENETIC DISEASE TESTING

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

					MONT	THLY AVERAGE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER E
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00 \$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00

PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0 \$	.00	.00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0 \$	.00	.00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2005 THRU I	DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DE	NTAL					

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAYS	COST PER	C
AODEOMEED I CE	0	OR DAYS OF CARE	Ċ.	0.0	UNIT/DAY	PER ELIG	USER	Ľ.
@OPTOMETRIST	0	0	Þ	.00	\$ .00	.000 \$		Ş
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	Ş	.00	\$ .00	.000 \$		Ş
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$ .00	.000 \$		\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000 \$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000 \$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$	.00	\$
@TOTAL HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	

----- MONTHLY AVERAGE -

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0					
RADIOLOGY	0	U	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	•	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
	0	0					
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	מסקס מאר מקסאו						
		CES AND EXPENDITURES MON	TH-OF-PAYMENT RE	LPORT FOR JAN	2005 THRU D	EC 2005	PA
MOP024	FEE-FOR-SERVIC	E/DENTAL				EC 2005	PA
	FEE-FOR-SERVIC			CODES 51 52 56		EC 2005	PA:
MOP024	FEE-FOR-SERVIC	E/DENTAL			57	EC 2005 NTHLY AVERA	
MOP024	FEE-FOR-SERVIC	E/DENTAL			57 MO	NTHLY AVERA	
MOP024 DEL NORTE COUNTY	FEE-FOR-SERVIC SUMMARY OF SER	E/DENTAL VICES FOR IRCA ALIENS	AID C	CODES 51 52 56	57 MO: UNITS/DAYS	NTHLY AVERA	AGE -
MOP024 DEL NORTE COUNTY	FEE-FOR-SERVIC SUMMARY OF SER	E/DENTAL VICES FOR IRCA ALIENS UNITS OF SERVICE OR DAYS OF CARE	AID C	CODES 51 52 56	57 MO UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES	FEE-FOR-SERVIC SUMMARY OF SER USERS	E/DENTAL VICES FOR IRCA ALIENS UNITS OF SERVICE OR DAYS OF CARE	AID C	CODES 51 52 56  AVERAGE COST  PER UNIT/DAY	57 MO: UNITS/DAYS	NTHLY AVERA COST PER USER	AGE - C
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$	AID CEXPENDITURES .00 .00	CODES 51 52 56  AVERAGE COST PER UNIT/DAY \$ .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000	NTHLY AVERA COST PER USER \$ .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$	AID CEXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	57 MO: UNITS/DAYS PER ELIG .000 .000	NTHLY AVERA COST PER USER \$ .00 .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$	AID CEXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000	NTHLY AVERA COST PER USER \$ .00 .00 .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$	AID CEXPENDITURES  .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000	NTHLY AVERA COST PER USER \$ .00 .00 .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$	AID C EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$	AID C EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVIC SUMMARY OF SER USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MO: UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVI	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVI	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVI	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVI	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E \$
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E \$
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E \$
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E \$
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL EVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E \$

LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00	
LEV B-REHAB MD	0	0	.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
LEV B-REGULAR	0	0	.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	.00		.00	.000		.00	·
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00	т	.00	.000	7	.00	т
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00	т	.00	.000	т	.00	т
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	.000	Ś	.00	\$
PATHOLOGY	0	0	.00	۲	.00	.000	۲	.00	۲
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	Ś	.00	.000	Ś	.00	\$
CLINIC	0	0	.00	۲	.00	.000	۲	.00	۲
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0	.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MON		יחם חתי			NEC 20	05	PΔ
			IIH-OF-PAIMENI KE	JPORI	FOR UAN 2	.005 IIIKO D	/LC 20	03	F.F.
MOP024	FEE-FOR-SERVIC	E/DENTAL					/HC 20	05	FF.
	FEE-FOR-SERVIC		AID C			57			
MOP024 DEL NORTE COUNTY	FEE-FOR-SERVIC SUMMARY OF SER	E/DENTAL VICES FOR IRCA ALIENS	AID C	CODES	51 52 56	57 MC	NTHLY	AVERA	GE -
MOP024	FEE-FOR-SERVIC	E/DENTAL VICES FOR IRCA ALIENS UNITS OF SERVICE		CODES AVER	51 52 56 AGE COST	57 MC UNITS/DAYS	NTHLY COS	AVERA	GE -
MOP024 DEL NORTE COUNTY 00 ELIGIBLES	FEE-FOR-SERVIC SUMMARY OF SER USERS	E/DENTAL VICES FOR IRCA ALIENS UNITS OF SERVICE OR DAYS OF CARE	AID C	CODES AVER PER	51 52 56 AGE COST UNIT/DAY	57 MC UNITS/DAYS PER ELIG	NTHLY COS U	AVERA T PER ISER	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS	FEE-FOR-SERVIC SUMMARY OF SER USERS	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$	AID CEXPENDITURES	CODES AVER	51 52 56 AGE COST UNIT/DAY .00	57 MC UNITS/DAYS PER ELIG .000	NTHLY COS U	AVERA T PER SER .00	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	AID CEXPENDITURES .00 .00	CODES AVER PER	51 52 56  AGE COST  UNIT/DAY  .00 .00	57 MC UNITS/DAYS PER ELIG .000 .000	NTHLY COS U	AVERA T PER SER .00 .00	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$	AID CEXPENDITURES .00 .00 .00	CODES AVER PER	51 52 56  AGE COST UNIT/DAY .00 .00	57 MC UNITS/DAYS PER ELIG .000 .000	NTHLY COS U	AVERA T PER ISER .00 .00	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	AID CEXPENDITURES .00 .00 .00 .00	CODES AVER PER	51 52 56  AGE COST UNIT/DAY .00 .00 .00	57 MC UNITS/DAYS PER ELIG .000 .000 .000	NTHLY COS U	AVERA T PER ISER .00 .00 .00	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	AID CEXPENDITURES .00 .00 .00 .00 .00 .00	CODES AVER PER	51 52 56  AGE COST UNIT/DAY .00 .00 .00 .00	57 MC UNITS/DAYS PER ELIG .000 .000 .000	NTHLY COS U	AVERA T PER SER .00 .00 .00	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0	AID C EXPENDITURES .00 .00 .00 .00 .00 .00 .00	CODES AVER PER	51 52 56  AGE COST UNIT/DAY .00 .00 .00 .00 .00	57 MC UNITS/DAYS PER ELIG .000 .000 .000 .000	NTHLY COS U	AVERA T PER SER .00 .00 .00 .00	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	AID C EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	CODES AVER PER	51 52 56  AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	57 MC UNITS/DAYS PER ELIG .000 .000 .000 .000	NTHLY COS U	AVERAL T PER SER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVER PER	51 52 56  AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	57 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	NTHLY COS U	AVERAL T PER SER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	CODES AVER PER	51 52 56  AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY COS U	AVERAL T PER SER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	CODES AVER PER	51 52 56  AGE COST UNIT/DAY	57 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY COS U	AVERAL SER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	CODES AVER PER	51 52 56  AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	57 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY COS U	AVERAL SER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	CODES AVER PER	51 52 56  AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	57 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY COS U	AVERAL SER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODES AVER PER	51 52 56  AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	57 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY COS U	AVERA T PER SER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	CODES AVER PER	51 52 56  AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	57 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY COS U	AVERA T PER SER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	CODES AVER PER	51 52 56  AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	57 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY COS U	AVERA T PER SER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	CODES AVER PER	51 52 56  AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	57 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY COS U	AVERA T PER SER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	CODES AVER PER	51 52 56  AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	57 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY COS U	AVERA T PER SER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	FEE-FOR-SERVIC SUMMARY OF SER USERS 0 0 0 0 0 0 0	E/DENTAL VICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0	AID C EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	CODES AVER PER	51 52 56  AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	57 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY COS U	AVERA T PER SER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E

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PSYCHOLOGIST

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

EPSDT SUPPLEMENTAL SERVICE

HOSPICE SERVICES

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

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DEL NORTE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

					MON'	THLY AVERA	GE -
209 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	107	1,046 \$	92,128.85	\$ 88.08	5.005 \$	861.02	\$
@PHYSICIANS SERVICES	36	61 \$	2,750.23	\$ 45.09	.292 \$	76.40	\$
OUTPATIENT VISITS	1	1	111.50	111.50	.005	111.50	
OFFICE VISITS	1	1	111.50	111.50	.005	111.50	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	2	4	202.68	50.67	.019	101.34	
HOSPITAL VISITS	2	4	202.68	50.67	.019	101.34	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	3	3	1,138.17	379.39	.014	379.39	
PRINCIPAL SURGEON	3	3	1,138.17	379.39	.014	379.39	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	

ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .	0
DIALYSIS 2 17 368.30 21.66 .081 184.	5
PATHOLOGY 1 1 1 30.40 30.40 .005 30.	0
RADIOLOGY 27 34 874.58 25.72 .163 32.	9
PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .	0
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00	0
OTHER SERVICES/ALL X-OVERS 1 1 24.60 24.60 .005 24.	0
@PHARMACY 30 58 \$ 1,074.01 \$ 18.52 .278 \$ 35.	0 \$
PRESCRIPTION DRUGS 29 52 781.83 15.04 .249 26.	6
SNF/ICF 0 0 .00 .00 .00 .00 .00 .	0
OUTPATIENTS 29 52 781.83 15.04 .249 26.	6
MEDICAL SUPPLIES 2 6 292.18 48.70 .029 146.	9
@DENTIST 0 0 \$ .00 \$ .00 \$ .	0 \$
VISITS - DIAGNOSTIC 0 0 .00 .00 .00 .00 .00 .	0
ORAL SURGERY 0 0 .00 .00 .00 .00 .00 .00	0
DRUGS 0 0 .00 .00 .00 .00 .00 .	0
ANESTHESIA 0 0 .00 .00 .00 .00 .00 .	0
PERIODONTICS 0 0 .00 .00 .00 .00 .00 .	0
ENDODONTICS 0 0 .00 .00 .00 .00 .00 .	0
RESTORATIVE DENTISTRY 0 0 .00 .00 .00 .00 .00 .00	0
PROSTHETICS 0 0 .00 .00 .00 .00 .00 .	0
DENTURES, STAYPLATES 0 0 .00 .00 .00 .00 .00	0
SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00	0
MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00	0
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00	0
ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 .00	0
ALL OTHER SERVICES 0 0 .00 .00 .00 .00 .00	0
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

FEE-FOR-SERVICE/DENTAL

MOP024

	DEE NORTH COONTI	DOMINANT OF BEIN	VICED FOR I	.1 1.111 1.111	1111	WITHOUT DID AID C	םםם.	JJ JU JI					
									MO	TNC	HLY AVERA	GE -	
	209 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAYS	S	COST PER	C	
			OR DAYS C	OF CARE			PE:	R UNIT/DAY	PER ELIG		USER	E	
(	@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
	DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		
	EYE APPLIANCES	0		0		.00		.00	.000		.00		
	OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		
(	@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
	VISITS	0		0		.00		.00	.000		.00		
	OTHER SERVICES	0		0		.00		.00	.000		.00		
(	@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
	MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		
	SURGERY/ANES.	0		0		.00		.00	.000		.00		
	RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		
	OTHER	0		0		.00		.00	.000		.00		
(	@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
	NURSE ANESTHESIST	7		48	\$	960.94	\$	20.02	.230	\$	137.28	\$	
	NURSE MIDWIFE	3		7	\$	794.99	\$	113.57	.033	\$	265.00	\$	
	PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
	FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
(	@TOTAL HOSPITAL	77		794	\$	82,458.95	\$	103.85	3.799	\$	1070.90	\$	
	HOSP INPATIENT TOTAL	10		39		57,279.56		1468.71	.187		5727.96		
	HSC HOSPITALS	0		0		.00		.00	.000		.00		
	NON-HSC HOSPITAL TOTAL	10		39		57,279.56		1468.71	.187		5727.96		

ACCOMMODATIONS	10	39	24,429.39	626.39	.187	2442.94	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	10	39	24,429.39	626.39	.187	2442.94	
ANCILLARIES	10	0	32,850.17	.00	.000	3285.02	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	74	755	25,179.39	33.35	3.612	340.26	
MEDICAL	23	27	1,804.03	66.82	.129	78.44	
SURGERY	5	7	304.56	43.51	.033	60.91	
PATHOLOGY	41	208	3,139.22	15.09	.995	76.57	
RADIOLOGY	25	28	1,981.97	70.78	.134	79.28	
ROOM USE	66	133	4,692.85	35.28	.636	71.10	
CROSSOVERS/ALL OTH OUTPTNT	57	352	13,256.76	37.66	1.684	232.57	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REP	PORT FOR JAN	2005 THRU DE	C 2005	P.

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

DEE NORTE COONTI	DOINGING OF DELICE	CES ION HE/HM HEELIN	WIIIIOOI DID HIID C	,ODE 33 30 31				
					MON	THLY AVERA	GE -	
209 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	
@COMMUNITY HOSPITAL TOTAL	77	794 \$	82,458.95	\$ 103.85	3.799 \$	1070.90	\$	
COMM HOSP INPATIENT TOTAL	10	39	57,279.56	1468.71	.187	5727.96		
HSC HOSPITALS	0	0	.00	.00	.000	.00		
NON-HSC HOSPITALS TOTAL	10	39	57,279.56	1468.71	.187	5727.96		
ACCOMMODATIONS	10	39	24,429.39	626.39	.187	2442.94		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		
ALL OTHER ACCOM	10	39	24,429.39	626.39	.187	2442.94		
ANCILLARIES	10	0	32,850.17	.00	.000	3285.02		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	74	755	25,179.39	33.35	3.612	340.26		
MEDICAL	23	27	1,804.03	66.82	.129	78.44		
SURGERY	5	7	304.56	43.51	.033	60.91		
PATHOLOGY	41	208	3,139.22	15.09	.995	76.57		
RADIOLOGY	25	28	1,981.97	70.78	.134	79.28		
ROOM USE	66	133	4,692.85	35.28	.636	71.10		

CROSSOVERS/ALL OTH OUTPTNT	57	352		13,256.76	<del>-</del>	37.66	1	.684		232.57	
@STATE HOSPITAL	0	0	\$	.00	) \$	.00		.000	\$	.00	\$
MENTALLY ILL	0	0		.00	)	.00		.000		.00	
DEVELOP. DISABLED	0	0		.00	)	.00		.000		.00	
@NURSING FACILITY	0	0	\$	.00	) \$	.00		.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00	)	.00		.000		.00	
LEV B-REHAB MD	0	0		.00	)	.00		.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	)	.00		.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	)	.00		.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	)	.00		.000		.00	
LEV B-REGULAR	0	0		.00	)	.00		.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	) \$	.00		.000	\$	.00	\$
ICF DDH	0	0		.00	)	.00		.000		.00	
ICF DD	0	0		.00	)	.00		.000		.00	
ICF DDN/DDCN	0	0		.00	)	.00		.000		.00	
@HEMODIALYSIS TOTAL	1	7	\$	741.86	5 \$	105.98		.033	\$	741.86	\$
HOSPITAL BASED	0	0		.00	)	.00		.000		.00	
HEMODIALYSIS CENTER	1	7		741.86	- )	105.98		.033		741.86	
@REHABILITATION FACILITY	0	0	\$	.00	) \$	.00		.000	\$	.00	\$
HOSPITAL BASED	0	0		.00	)	.00		.000		.00	
INDEPENDENT FACILITY	0	0		.00	)	.00		.000		.00	
@LABORATORY FACILITY	11	14	\$	266.92	\$	19.07		.067	\$	24.27	\$
PATHOLOGY	11	14		266.92	2	19.07		.067		24.27	
XO AND OTHERS	0	0		.00	)	.00		.000		.00	
@ORGANIZED OUTPATIENT CLINIC	10	18	\$	1,932.62	\$	107.37		.086	\$	193.26	\$
CLINIC	0	0		.00	)	.00		.000		.00	
SURGICENTER	0	0		.00	)	.00		.000		.00	
HEROIN DETOX CLINIC	0	0		.00	)	.00		.000		.00	
RURAL HEALTH CLINIC	10	18		1,932.62		107.37		.086		193.26	
	MEDI-CAL SERVICES		URES :	MONTH-OF-PAYMENT	REPORT	FOR JAN	2005	THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DE										
DEL MODEE COMMINI	CITALIAN OF CERTIFICA		3 T T T								

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

DEE NORTE COUNTY	DOINING OF DERCY	1000 1010 111/1110 111	TELL WEITHOOF DED TIED	CODE 33 30 31				
					MON'	THLY AVERA	.GE -	
209 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	
		OR DAYS OF CARE		PER UNIT/DAY		USER	E	
@ALL OTHER PROVIDERS	7	39	\$ 1,148.33	\$ 29.44	.187 \$	164.05	\$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		
BLOOD BANK	0	0	.00	.00	.000	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		
MEDICAL TRANSPORTATION	3	34	623.33	18.33	.163	207.78		
AMBULANCES/AIR TRANS	3	32	603.57	18.86	.153	201.19		
OTHER TRANS	0	0	.00	.00	.000	.00		
OTHER SERVICES	1	2	19.76	9.88	.010	19.76		
ACUPUNCTURE	0	0	.00	.00	.000	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		
GENETIC DISEASE TESTING	5	5	525.00	105.00	.024	105.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		
OPTICIAN	0	0	.00	.00	.000	.00		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		
PROSTHETICS	0	0	.00	.00	.000	.00		
ORTHOTICS	0	0	.00	.00	.000	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00		

SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A ----- MONTHLY AVERAGE USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 02 ELIGIBLES UNITS OF SERVICE C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E 30.000 \$ 538.43 @TOTAL, ALL PROVIDERS 5 60 2,692.17 \$ 44.87 \$ @PHYSICIANS SERVICES 1 2 91.65 45.83 1.000 \$ 91.65 \$ OUTPATIENT VISITS .00 .00 .000 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .000 HOME VISITS .00 .00 .000 EMERGENCY ROOM .00 .00 .00 .000 PREVENTIVE CARE .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .000 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 EXAMINATIONS .00 .00 .000 . 00 SERVICES AND MATERIALS .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .000 . 00 .00 .00 OUTPATIENT SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .000 DIALYSIS .00 .00 .00 .00 .000 .00 PATHOLOGY 91.65 45.83 1.000 91.65 RADIOLOGY .00 .00 .000 .00 **PSYCHIATRY** IMMUNIZATION AND INJECTION 0 .00 .00 .000 .00 OTHER SERVICES/ALL X-OVERS 0 .00 .000 .00 .00 @PHARMACY 10 521.91 52.19 5.000 173.97 PRESCRIPTION DRUGS 52.19 5.000 173.97 10 521.91 0 .00 .00 .000 .00 SNF/ICF 521.91 52.19 5.000 173.97 OUTPATIENTS 10 MEDICAL SUPPLIES 0 .00 .00 .000 .00 @DENTIST \$ .00 .00 .000 \$ .00 \$

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2005 THRU DEC	2005	PA
MOP024	FEE-FOR-SERVICE/I						
DEL NORTE COUNTY	SUMMARY OF SERVIC	CES FOR REFUGEES	AID	CODES 01 02 08			
						THLY AVERA	.GE -
02 ELIGIBLES	USERS (	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY		USER	E
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	

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RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

OTHER

@IOIAL HOSPITAL	∠	33 Ş	1,259.60	\$ 38.17	16.500 \$	629.80	Þ
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
	0	0					
TRANSITIONAL IP CARE	0	0	.00		.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	2	33	1,259.60			629.80	
MEDICAL	2	5	273.19	54.64	2.500	136.60	
	0	0					
SURGERY	0	——————————————————————————————————————	.00	.00	.000	.00	
PATHOLOGY	2 2	16	147.20	9.20	8.000	73.60	
RADIOLOGY	2	6	725.10	120.85	3.000	362.55	
ROOM USE	2	2	67.54	33.77	1.000	33.77	
CROSSOVERS/ALL OTH OUTPTNT	2	4	46.57	11.64	2.000	23.29	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	•
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00		.000	.00	
	0	0					
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00		.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	Û	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00		.000	.00	
	0	0					
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV			IONTH-OF-PAYMENT R	EPORT FOR JAN	2005 THRU DE	C 2005	PA
	FEE-FOR-SERVICE						
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR REFUGEES	AID (	CODES 01 02 08	8 0A		
					MON		AGE -
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	2	33 \$	1,259.60		16.500 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	۲
HSC HOSPITALS	0	0	.00	.00	.000	.00	
	0	0					
NON-HSC HOSPITALS TOTAL	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00		.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	2	33	1,259.60	38.17	16.500	629.80	
	-	33	1,233.00	30.17		0_0.00	

33

\$

FAMILY NURSE PRACTITIONER

@TOTAL HOSPITAL

.00 \$

1,259.60 \$ 38.17

.00

.000 \$

.00 \$

16.500 \$ 629.80 \$

CROSSOVERS/ALL OID OUIPINI	∠	4		40.57		11.64	2.000		23.29	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	Ġ	.00	.000	Ś	.00	\$
LEV A-INTERMEDIATE	0	0	4	.00		.00	.000	т.	.00	7
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
	0	0				.00			.00	
LEV B-REGULAR	0	0	4	.00			.000	<b>~</b>		4
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Þ	.00	.000	Þ	.00	\$
ICF DDH	0	•		.00		.00	.000		.00	
ICF DD		0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00		.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY		0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	3	4	\$	79.75	\$	19.94	2.000	\$	26.58	\$
PATHOLOGY	3	4		79.75		19.94	2.000		26.58	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	584.46	\$	116.89	2.500	\$	194.82	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	3	5		584.46		116.89	2.500		194.82	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	URES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2005 THRU	DEC	2005	PΑ
	FEE-FOR-SERVICE									
			EES	AID	CODES	01 02 08	0A			
							M			
02 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S (	COST PER	C
		OR DAYS OF CAL	RE		PER	R UNIT/DAY	PER ELIG		USER	E
@ALL OTHER PROVIDERS	1	6	\$	154.80	\$	25.80	3.000	\$	154.80	\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0 0 1 1 0	6		154.80		25.80	3.000		154.80	
AMBULANCES/AIR TRANS	1	6		154.80		25.80	3.000		154.80	
OTHER TRANS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
ACUPUNCTURE	0	0		.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	
OPTICIAN	0	0		.00		.00	.000		.00	
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	
FUIDICAL INEKAPIDI	U	U		.00		.00	.000		.00	

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73.60

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23.29

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MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP

					MON'	THLY AVERA	GE -
85 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	128	1,195	\$ 91,294.72	\$ 76.40	14.059 \$	713.24	\$
@PHYSICIANS SERVICES	60	509	\$ 32,677.87	\$ 64.20	5.988 \$	544.63	\$
OUTPATIENT VISITS	30	40	1,667.33				
OFFICE VISITS	30	40	1,667.33	41.68	.471	55.58	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	1	337.30	337.30	.012	337.30	
PRINCIPAL SURGEON	1	1	337.30	337.30	.012	337.30	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	8	24	2,794.19	116.42	.282	349.27	
PRINCIPAL SURGEON	7	8	2,467.06	308.38	.094	352.44	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	3	16	327.13	20.45	.188	109.04	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	18	51	760.97	14.92	.600	42.28	
RADIOLOGY	26	58	2,937.68	50.65	.682	112.99	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	9	302	23,470.15	77.72	3.553	2607.79	
OTHER SERVICES/ALL X-OVERS	7	33	710.25	21.52		101.46	
@PHARMACY	64	203	\$ 33,225.58	\$ 163.67	2.388 \$	519.15	\$

PRESCRIPTION DRUGS	64	199	33,049.62	166.08	2.341	516.40	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	64	199	33,049.62	166.08	2.341	516.40	
MEDICAL SUPPLIES	2	4	175.96	43.99	.047	87.98	
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALTE DEDT OF HEALTH SERV	MEDI-CAI, SERVICES	AND EXDENDITIES	MONTH-OF-DAVMENT PE	MAT. GOR TROOT	2005 THRII DE	rC 2005	DΖ

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP

DET NOKIE COONII	SUMMARI OF SERV	ICES FOR	PCCIP-	LEDEKAL	A	עב	OFS OM ON	UP			
								M	$\Gamma$ NO	THLY AVERA	GE -
85 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS	OF CAR	E		PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	4		18	\$	313.75	\$	17.43	.212	\$	78.44	\$
DIAGNOSTIC AND ANC. PROCED	3		6		142.35		23.73	.071		47.45	
EYE APPLIANCES	3		12		171.40		14.28	.141		57.13	
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00	
@CHIROPRACTOR	4		6	\$	100.32	\$	16.72	.071	\$	25.08	\$
VISITS	4		6		100.32		16.72	.071		25.08	
OTHER SERVICES	0		0		.00		.00	.000		.00	
@PODIATRIST	1		3	\$	91.80	\$	30.60	.035	\$	91.80	\$
MEDICINE/INJECTIONS	1		1		57.20		57.20	.012		57.20	
SURGERY/ANES.	0		0		.00		.00	.000		.00	
RADIO./PATHOLOGY	1		2		34.60		17.30	.024		34.60	
OTHER	0		0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	2		24	\$	360.79	\$	15.03	.282	\$	180.40	\$
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	34		241	\$	13,703.93	\$	56.86	2.835	\$	403.06	\$
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	34		241		13,703.93		56.86	2.835		403.06	
MEDICAL	5		14		1,169.04		83.50	.165		233.81	

SURGERY	6	6	400.77	66.80	.071	66.80	
PATHOLOGY	14	38	688.60	18.12	.447	49.19	
RADIOLOGY	24	141	9,904.00	70.24	1.659	412.67	
ROOM USE	8	19	1,200.68	63.19	.224	150.09	
CROSSOVERS/ALL OTH OUTPINT	6	23	340.84	14.82	.271	56.81	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	·
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MONT	H-OF-PAYMENT RE	PORT FOR JAN 2	2005 THRU DE	C 2005	PA
MOP024	FEE-FOR-SERVICE/DE	ENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICE	ES FOR BCCTP-FEDERAL	AI	D CODES OM ON	0P		
					MON'	THLY AVERA	GE -
85 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	34	241 \$	13,703.93	\$ 56.86	2.835 \$	403.06	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
	^	^	0.0	0.0	0.00	0.0	

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ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ACCOMMODATIONS

ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	34	241		13,703.93		56.86	2.835		403.06	
MEDICAL	5	14		1,169.04		83.50	.165		233.81	
SURGERY	6	6		400.77		66.80	.071		66.80	
PATHOLOGY	14	38		688.60		18.12	.447		49.19	
RADIOLOGY	24	141		9,904.00		70.24	1.659		412.67	
ROOM USE	8	19		1,200.68		63.19	.224		150.09	
CROSSOVERS/ALL OTH OUTPTNT	6	23		340.84		14.82	.271		56.81	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00	·	.00	.000		.00	•
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	4	.00	Ψ.	.00	.000	٣	.00	۲
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	۲	.00	۲	.00	.000	۲	.00	۲
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	2	15	\$	342.30	Ġ	22.82	.176	\$	171.15	\$
HOSPITAL BASED	2	15	Y	342.30	Ą	22.82	.176	Y	171.15	Ą
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	21	54	\$	1,248.71	Ċ	23.12	.635	\$	59.46	\$
PATHOLOGY	21	54	Ą	1,248.71	ې	23.12	.635	Ą	59.46	Ą
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	42	66	<u>ب</u>		\$	126.72		\$		بخ
	42	0	\$	8,363.71	Ą		.776 .000	Þ	199.14	\$
CLINIC	0	0		.00		.00				
SURGICENTER				.00		.00	.000		.00	
HEROIN DETOX CLINIC	0 42	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC		66	IDEC MONE	8,363.71		126.72	.776	חחמ	199.14	TO 70
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	JRES MONT	H-OF-PAYMENT R	3PORT	FOR JAN	2005 THRU	DEC	2005	PΑ
MOP024	FEE-FOR-SERVIC	,			- D GO	DDG 014 013				
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR BCCTP-	- FEDERAL	Α.	ID CO	DES OM ON		03.TT		a =
05 51 70757 50	110000		~=		3.77	D100 0000	M			
85 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY		COST PER	C
	_	OR DAYS OF CAR					PER ELIG		USER	E
@ALL OTHER PROVIDERS	7	56	\$	865.96	\$	15.46	.659	\$	123.71	\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	

					MON	ITLI AVEKAGE -	•
85 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER (	-
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER E	i
@ALL OTHER PROVIDERS	7	56 \$	865.96	\$ 15.46	.659 \$	123.71 \$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	

GENETIC DISEASE TESTING	0	0	.00		.00	0 (	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	0	.00	
OCCUPATIONAL THERAPIST	0	0	.00		.00	0	.00	
OPTICIAN	3	8	66.56	8.	.09	4	22.19	
PHYSICAL THERAPIST	3	44	658.73	14.	97 .51	. 8	219.58	
PORTABLE X-RAY	0	0	.00		.00	0	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	0	.00	
PROSTHETICS	0	0	.00		.00	0	.00	
ORTHOTICS	0	0	.00		.00	0	.00	
PSYCHOLOGIST	0	0	.00		.00	0	.00	
SPEECH AND AUDIOLOGY	0	0	.00		.00	0	.00	
HOSPICE SERVICES	0	0	.00		.00	0	.00	
NONINST BIRTHING CENTERS	0	0	.00		.00	0	.00	
LOCAL EDUCATION AGENCIES	0	0	.00		.00	0	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	0	.00	
RESPIRATORY CARE PRACT.	0	0	.00	•	.00	0	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	0 (	.00	
ALL OTHER PROVIDERS	2	4	140.67	35.	17 .04	: 7	70.34	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .	.00	0 \$	.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .	.00	0 \$	.00	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

DEE NORTE COOKII	DOINIME OF DERCY.	TODO TOR	DCCII D	11111 0111		COPED	010 01 00	0 0		
									HLY AVERA	.GE -
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY	COST PER	C
		OR DAYS	OF CARE			PER	UNIT/DAY		USER	E
@TOTAL, ALL PROVIDERS	14		50	\$	1,936.59	\$	38.73	.000	\$ 138.33	\$
@PHYSICIANS SERVICES	0		0	\$	.00	\$	.00	.000	\$ .00	\$
OUTPATIENT VISITS	0		0		.00		.00	.000	.00	
OFFICE VISITS	0		0		.00		.00	.000	.00	
HOME VISITS	0		0		.00		.00	.000	.00	
EMERGENCY ROOM	0		0		.00		.00	.000	.00	
PREVENTIVE CARE	0		0		.00		.00	.000	.00	
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00	
OTHER OUTPATIENT	0		0		.00		.00	.000	.00	
INPATIENT VISITS	0		0		.00		.00	.000	.00	
HOSPITAL VISITS	0		0		.00		.00	.000	.00	
CRITICAL CARE	0		0		.00		.00	.000	.00	
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00	
EXAMINATIONS	0		0		.00		.00	.000	.00	
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00	
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00	
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00	
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00	
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	
DIALYSIS	0		0		.00		.00	.000	.00	
PATHOLOGY	0		0		.00		.00	.000	.00	

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	_	_								
RADIOLOGY	0	0		.00		.00	.000		.00	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00	
@PHARMACY	12	33	\$	1,936.59	\$	58.68	.000	\$	161.38	\$
PRESCRIPTION DRUGS	12	33		1,936.59		58.68	.000		161.38	
SNF/ICF	0	0		.00		.00	.000		.00	
OUTPATIENTS	12	33		1,936.59		58.68	.000		161.38	
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00	
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00	
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2005 THRU	DEC	2005	PA:
MOP024	FEE-FOR-SERVICE/DEN	TAL								

SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

DEL NORTE COUNTY

----- MONTHLY AVERAGE -00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C PER UNIT/DAY PER ELIG OR DAYS OF CARE USER E @OPTOMETRIST 0 .000 \$ .00 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 .000 .00 EYE APPLIANCES .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 @CHIROPRACTOR .00 .00 .000 .00 VISITS .00 .000 0 .00 .00 OTHER SERVICES .00 .00 .000 .00 @PODIATRIST .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .00 .00 .000 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY .00 .00 .000 .00 OTHER .00 .00 .000 .00 @HOME HEALTH AGENCY .00 .00 .000 .00 NURSE ANESTHESIST .00 .00 .000 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 .000 .00 0 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .000 .00 .00 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00

ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	2	17	.00	.00	.000	.00	
MEDICAL	1	3	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
	0	0					
RADIOLOGY	U	0	.00	.00	.000	.00	
ROOM USE	2	3	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	2	11	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
	0	0					
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
•						7 2005	PΑ
#CALTE DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MONTH-	-OF-PAYMENT REI	PORT FOR JAN /	LUUS TARU DEG	: 7.005	P P
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MONTH- /DENTAL	-OF-PAYMENT REI	PORT FOR JAN 2	2005 THRU DEC	2 2005	PP.
MOP024	FEE-FOR-SERVICE	/DENTAL				2 2005	PP.
	FEE-FOR-SERVICE			ODES OR OT OU	OV		
MOP024 DEL NORTE COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR BCCTP-STATE-ONLY	AID CC	ODES OR OT OU	OV MONT	THLY AVERA	GE -
MOP024	FEE-FOR-SERVICE	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE		ODES OR OT OU  AVERAGE COST	0V MONT UNITS/DAYS	THLY AVERA	GE -
MOP024 DEL NORTE COUNTY  00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE F OR DAYS OF CARE	AID CO	ODES OR OT OU  AVERAGE COST PER UNIT/DAY	0V MONT UNITS/DAYS PER ELIG	THLY AVERA COST PER USER	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE F OR DAYS OF CARE 17 \$	AID CO	ODES OR OT OU  AVERAGE COST PER UNIT/DAY \$ .00	0V MONT UNITS/DAYS PER ELIG .000 \$	THLY AVERA COST PER USER .00	GE -
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE F OR DAYS OF CARE	AID COEXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000	THLY AVERA COST PER USER .00 .00	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE F OR DAYS OF CARE 17 \$	AID CO	ODES OR OT OU  AVERAGE COST PER UNIT/DAY \$ .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000	CHLY AVERA COST PER USER .00 .00	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE F OR DAYS OF CARE 17 \$	AID COEXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000	THLY AVERA COST PER USER .00 .00	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE F OR DAYS OF CARE 17 \$	AID COEXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000	CHLY AVERA COST PER USER .00 .00	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE F OR DAYS OF CARE 17 \$	AID COEXPENDITURES  .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000	CHLY AVERA COST PER USER .00 .00 .00	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE F OR DAYS OF CARE 17 \$	AID COEXPENDITURES  .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	CHLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE F OR DAYS OF CARE 17 \$	AID CO EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000	CHLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE F OR DAYS OF CARE 17 \$	AID CO EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000	CHLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE F OR DAYS OF CARE 17 \$	AID CO EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE F OR DAYS OF CARE 17 \$	AID CO EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE FOR DAYS OF CARE 17 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID CO EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE FOR DAYS OF CARE 17 \$ 0 0 0 0 0 0 0 0 0 0 0 0 17	AID CO EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  2 0 0 0 0 0 0 0 0 0 0 0 2 1	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE FOR DAYS OF CARE  17 \$ 0 0 0 0 0 0 0 0 17 3	AID CO EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  2 0 0 0 0 0 0 0 0 0 0 2 1 0 0	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE FOR DAYS OF CARE  17 \$ 0 0 0 0 0 0 0 17 3 0	AID CO EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERAL COST PER USER	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  2 0 0 0 0 0 0 0 0 0 0 2 1 0 0 0 0 0 0	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE FOR DAYS OF CARE  17 \$ 0 0 0 0 0 0 0 17 3 0 0 0 0 17	AID CO EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  2 0 0 0 0 0 0 0 0 0 0 2 1 0 0	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE FOR DAYS OF CARE  17 \$ 0 0 0 0 0 0 0 0 17 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID CO EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  2 0 0 0 0 0 0 0 0 0 0 2 1 0 0 0 2 1 0 0 2 2 1 0 0 2 2	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE FOR DAYS OF CARE  17 \$ 0 0 0 0 0 0 0 17 3 0 0 0 0 3	AID CO EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  2 0 0 0 0 0 0 0 0 0 2 1 0 0 0 0 2 2 2 2	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE FOR DAYS OF CARE  17 \$ 0 0 0 0 0 0 0 17 3 0 0 0 0 3 11	AID CO EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E \$
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  2 0 0 0 0 0 0 0 0 0 0 2 1 0 0 0 2 2 2 0	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE FOR DAYS OF CARE  17 \$ 0 0 0 0 0 0 0 17 3 0 0 0 0 3	AID CO EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E \$
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  2 0 0 0 0 0 0 0 0 0 2 1 0 0 0 0 2 2 2 2	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE FOR DAYS OF CARE  17 \$ 0 0 0 0 0 0 0 17 3 0 0 0 0 3 11	AID CO EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E \$
MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  2 0 0 0 0 0 0 0 0 0 0 2 1 0 0 0 2 2 2 0	/DENTAL ICES FOR BCCTP-STATE-ONLY UNITS OF SERVICE FOR DAYS OF CARE  17 \$ 0 0 0 0 0 0 0 0 0 0 0 0 17 3 0 0 0 0 0 0 17 3 11 0 \$	AID CO EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0V MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	CHLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E \$

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ANCILLARIES

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@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0	٧	.00	۲	.00	.000	Y	.00	Y
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	1 0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	. 0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	Ċ
ICF DDH	0	0	ų	.00	ې	.00	.000	Ą	.00	Ą
ICF DDA	0	0		.00		.00	.000		.00	
	0	0							.00	
ICF DDN/DDCN @HEMODIALYSIS TOTAL	0	0	ė.	.00	۲.	.00	.000	<u>ب</u>		<u>ب</u>
HOSPITAL BASED	0	0	\$	.00	\$	.00	.000	\$	.00	Þ
	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	ė.	.00	ė.	.00	.000	<b>~</b>	.00	Ċ
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	1	.00		.00	.000		.00	_
@LABORATORY FACILITY	0	0	Ş	.00	\$	.00	.000	\$	.00	Ş
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDIT	URES MONTH-C	OF-PAYMENT RE	PORT F	OR JAN 2	2005 THRU 1	DEC 2	2005	PA:
MOP024	FEE-FOR-SERVIC									
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR BCCTP	-STATE-ONLY	AID C	ODES 0	R OT OU	VO			
							M			.GE -
00 ELIGIBLES	USERS	UNITS OF SERVI	CE EX	KPENDITURES			UNITS/DAY	S CO	OST PER	C
		OR DAYS OF CA	RE		PER U	NIT/DAY	PER ELIG		USER	E
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00	

AMBULANCES/AIR TRANS	0	0	.00	. (	.000	.00	
OTHER TRANS	0	0	.00	. (	.000	.00	
OTHER SERVICES	0	0	.00	. (	.000	.00	
ACUPUNCTURE	0	0	.00	. 0	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	. 0	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	. 0	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	. 0	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	. (	.000	.00	
OPTICIAN	0	0	.00	. (	.000	.00	
PHYSICAL THERAPIST	0	0	.00	. (	.000	.00	
PORTABLE X-RAY	0	0	.00	. (	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	. (	.000	.00	
PROSTHETICS	0	0	.00	. 0	.000	.00	
ORTHOTICS	0	0	.00	. 0	.000	.00	
PSYCHOLOGIST	0	0	.00	. 0	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	. 0	.000	.00	
HOSPICE SERVICES	0	0	.00	. 0	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	. 0	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	. 0	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	. 0	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	. 0	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	. 0	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	. 0	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .0	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .0	.000	\$ .00	\$
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION ITEM ONLY;					

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

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DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

DEE NORTE COUNTY	DOINGING OF DEED	VICED FOR DOCTE F	0 11111					
						MON	THLY AVERA	GE -
85 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	142	1,245	\$	93,231.31	\$ 74.88	14.647 \$	656.56	\$
@PHYSICIANS SERVICES	60	509	\$	32,677.87	\$ 64.20	5.988 \$	544.63	\$
OUTPATIENT VISITS	30	40		1,667.33	41.68	.471	55.58	
OFFICE VISITS	30	40		1,667.33	41.68	.471	55.58	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	1		337.30	337.30	.012	337.30	
PRINCIPAL SURGEON	1	1		337.30	337.30	.012	337.30	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	8	24		2,794.19	116.42	.282	349.27	

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PRINCIPAL SURGEON	7	8		2,467.06		308.38	.094		352.44	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	3	16		327.13		20.45	.188		109.04	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	18	51		760.97		14.92	.600		42.28	
RADIOLOGY	26	58		2,937.68		50.65	.682		112.99	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	9	302		23,470.15		77.72	3.553		2607.79	
OTHER SERVICES/ALL X-OVERS	7	33		710.25		21.52	.388		101.46	
@PHARMACY	76	236	\$	35,162.17	\$	148.99	2.776	\$	462.66	\$
PRESCRIPTION DRUGS	76	232		34,986.21		150.80	2.729		460.34	
SNF/ICF	0	0		.00		.00	.000		.00	
OUTPATIENTS	76	232		34,986.21		150.80	2.729		460.34	
MEDICAL SUPPLIES	2	4		175.96		43.99	.047		87.98	
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00	
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		TRES M	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENT	TAL								

FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

----- MONTHLY AVERAGE -

									O14 1		
	85 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY		COST PER	C
			OR DAYS OF CARE			PER UNIT/DAY		AY PER ELIG		USER	E
@0	PTOMETRIST	4	18	\$	313.75	\$	17.43	.212	\$	78.44	\$
	DIAGNOSTIC AND ANC. PROCED	3	6		142.35		23.73	.071		47.45	
	EYE APPLIANCES	3	12		171.40		14.28	.141		57.13	
	OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@0	CHIROPRACTOR	4	6	\$	100.32	\$	16.72	.071	\$	25.08	\$
	VISITS	4	6		100.32		16.72	.071		25.08	
	OTHER SERVICES	0	0		.00		.00	.000		.00	
@I	PODIATRIST	1	3	\$	91.80	\$	30.60	.035	\$	91.80	\$
	MEDICINE/INJECTIONS	1	1		57.20		57.20	.012		57.20	
	SURGERY/ANES.	0	0		.00		.00	.000		.00	
	RADIO./PATHOLOGY	1	2		34.60		17.30	.024		34.60	
	OTHER	0	0		.00		.00	.000		.00	
@F	HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
N	URSE ANESTHESIST	2	24	\$	360.79	\$	15.03	.282	\$	180.40	\$
N	NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
I	PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
E	FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@7	TOTAL HOSPITAL	36	258	\$	13,703.93	\$	53.12	3.035	\$	380.66	\$
	HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
	HSC HOSPITALS	0	0		.00		.00	.000		.00	

NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	36	258		13,703.93		53.12	3.035		380.66	
MEDICAL	6	17		1,169.04		68.77	.200		194.84	
SURGERY	6	6		400.77		66.80	.071		66.80	
PATHOLOGY	14	38		688.60		18.12	.447		49.19	
RADIOLOGY	24	141		9,904.00		70.24	1.659		412.67	
ROOM USE	10	22		1,200.68		54.58	.259		120.07	
CROSSOVERS/ALL OTH OUTPTNT	8	34		340.84		10.02	.400		42.61	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURI	ES MONTH-C	F-PAYMENT RE	PORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	BCCTP-TO	OTAL							

85 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @COMMUNITY HOSPITAL TOTAL 13,703.93 53.12 3.035 \$ 380.66 \$ 36 258 COMM HOSP INPATIENT TOTAL .00 .000 .00 0 0 .00 HSC HOSPITALS Ω .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .000 .00 ANCILLARIES 0 .00 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 258 13,703.93 53.12 3.035 36 380.66 MEDICAL 6 17 1,169.04 68.77 .200 194.84 SURGERY 6 66.80 .071 66.80 6 400.77 PATHOLOGY 14 38 688.60 18.12 .447 49.19

9,904.00

70.24

1.659

141

RADIOLOGY

----- MONTHLY AVERAGE -

412.67

ROOM USE	10	22			0.68		54.58		.259		120.07	
CROSSOVERS/ALL OTH OUTPTNT	8	34		34	0.84		10.02		.400		42.61	
@STATE HOSPITAL	0	0	\$		.00	\$	.00		.000	\$	.00	\$
MENTALLY ILL	0	0			.00		.00		.000		.00	
DEVELOP. DISABLED	0	0			.00		.00		.000		.00	
@NURSING FACILITY	0	0	\$		.00	\$	.00		.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0			.00		.00		.000		.00	
LEV B-REHAB MD	0	0			.00		.00		.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00		.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00		.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00		.000		.00	
LEV B-REGULAR	0	0			.00		.00		.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00		.000	\$	.00	\$
ICF DDH	0	0			.00		.00		.000		.00	
ICF DD	0	0			.00		.00		.000		.00	
ICF DDN/DDCN	0	0			.00		.00		.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00		.000	\$	.00	\$
HOSPITAL BASED	0	0			.00		.00		.000		.00	
HEMODIALYSIS CENTER	0	0			.00		.00		.000		.00	
@REHABILITATION FACILITY	2	15	\$	34	2.30	\$	22.82		.176	\$	171.15	\$
HOSPITAL BASED	2	15		34	2.30		22.82		.176		171.15	
INDEPENDENT FACILITY	0	0			.00		.00		.000		.00	
@LABORATORY FACILITY	21	54	\$	•	8.71	\$	23.12		.635	\$	59.46	\$
PATHOLOGY	21	54		1,24	8.71		23.12		.635		59.46	
XO AND OTHERS	0	0			.00		.00		.000		.00	
@ORGANIZED OUTPATIENT CLINIC	42	66	\$	8,36	3.71	\$	126.72		.776	\$	199.14	\$
CLINIC	0	0			.00		.00		.000		.00	
SURGICENTER	0	0			.00		.00		.000		.00	
HEROIN DETOX CLINIC	0	0			.00		.00		.000		.00	
RURAL HEALTH CLINIC	42	66		•	3.71		126.72		.776		199.14	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	JRES M	ONTH-OF-PAYM	IENT F	REPORT	FOR JAN	2005	THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL											
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	R BCCTP-	TOTAL									

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 85 ELIGIBLES (OR DAYS OF CARE PER UNIT/DAY PER ELIG USER Ε @ALL OTHER PROVIDERS 56 865.96 \$ 15.46 .659 \$ 123.71 \$ DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 BLOOD BANK .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .000 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 .000 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 .000 .00 OPTICIAN 66.56 8.32 .094 22.19 PHYSICAL THERAPIST 658.73 14.97 .518 219.58 PORTABLE X-RAY 0 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS 0 .00 .00 .000 .00 PROSTHETICS .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00

----- MONTHLY AVERAGE

PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	2	4	140.67	35.17	.047	70.34	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$
♠★ momate the miner times are civen as	משעמעמטטע ג	TNIDODMARITONI TRDM ONI V.					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

					MON	IHLI AVERAGE -
47 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER E
@TOTAL, ALL PROVIDERS	13	38 \$	2,698.52	\$ 71.01	.809 \$	207.58 \$
@PHYSICIANS SERVICES	5	13 \$	444.25	\$ 34.17	.277 \$	88.85 \$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	5	13	444.25	34.17	.277	88.85	
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2005 THRU I	DEC 2005	PA:
MOP024	FEE-FOR-SERVICE/D						
DEL NORTE COUNTY	SUMMARY OF SERVIC	ES FOR QMB - ON	LY	AID CODE			
						NTHLY AVERA	AGE -
47 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C

UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER 47 ELIGIBLES USERS EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST \$ 0 0 .00 .000 \$ .00 .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .000 EYE APPLIANCES 0 .00 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 @CHIROPRACTOR \$ .00 .00 .000 \$ .00 VISITS 0 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 @PODIATRIST .00 .00 .000 \$ .00 .00 MEDICINE/INJECTIONS .00 .00 .000 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 OTHER 0 .00 .00 .000 .00 0 \$ \$ @HOME HEALTH AGENCY .00 .00 .000 \$ .00 \$ \$ NURSE ANESTHESIST .00 .00 .000 \$ .00 .00 NURSE MIDWIFE .00 .000 \$ .00

PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	7	15	\$	2,082.20	\$	138.81	.319	\$	297.46	\$
HOSP INPATIENT TOTAL	3	0		1,789.20		.00	.000		596.40	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	3	0		1,789.20		.00	.000		596.40	
	3	0		•						
ALL OTHER INPATIENT	0			.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	4	15		293.00		19.53	.319		73.25	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	4	15		293.00		19.53	.319		73.25	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	•	.00	.000	·	.00	·
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
	0									
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVIC	E/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR OMB - O	NLY			AID CODE	80			
		-						MONT	HLY AVERA	GE -
47 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DA	YS (	COST PER	C
		OR DAYS OF CARE				UNIT/DAY			USER	E
@COMMUNITY HOSPITAL TOTAL	7	15	\$	2,082.20	\$		.319			_
COMM HOSP INPATIENT TOTAL	3	0	~	1,789.20	4	.00	.000		596.40	~
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
	0	0								
ACCOMMODATIONS	0	0		.00		.00	.000		.00	

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ADMINISTRATIVE DAYS

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

ANCILLARIES

TRANSITIONAL IP CARE

ROOM USE	U	U		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT		15		293.00		19.53	.319		73.25	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	\$
LEV A-INTERMEDIATE	0	0	۲	.00	۲	.00	.000	۲	.00	۲
LEV B-REHAB MD	0	0		. 00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00	
	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0								
LEV B-TRANSITIONAL IP CARE	_	-		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	·	.00		.00	.000		.00	· ·
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	Ċ	.00	.000	¢	.00	\$
HOSPITAL BASED	0	0	۲	.00	Y	.00	.000	Y	.00	۲
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
	0	0	<u> </u>		4			4		4
@LABORATORY FACILITY	_		\$	.00	\$	.00	.000	Þ	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	51.00	\$	25.50	.043	\$		\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	2	2		51.00		25.50	.043		25.50	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2005 THRU	DEC	2005	P.P.
MOP024										
		RVICES FOR OMB - (	ONLY			AID CODE	8.0			
DEE NORTE COOKET		tviolo i on gilb	01111			THE COEL	M	וידומ	HIV AVERA	GE -
47 ELIGIBLES	HGEDG	INTTO OF CEPVIC	다	EXPENDITURES	7/17/17	DACE COST				C
4/ EDIGIDHES	OSEKS	OR DAYS OF CAR		EXFENDITORES			PER ELIG		USER	
SALI OMHED DDOMIDEDC	4	OR DAIS OF CAR.		101 07						<del>-</del>
@ALL OTHER PROVIDERS	4		\$	121.07	\$		.170	Þ		Ş
DURABLE MED. EQUIP. BLOOD BANK	0	0		.00		.00	.000		.00	
BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	
OTHER TRANS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
ACUPUNCTURE	0	0		.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	
IHMC, MODEL-NF, NF, AIDS, MSSP		0		.00		.00	.000		.00	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	
OPTICIAN	0	0		.00		.00	.000		.00	
OTITOTAN	U	0		.00		.00	.000		.00	

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COMM HOSP OUTPATIENT TOTAL

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RADIOLOGY

ROOM USE

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0	0		.00		.00	.000		.00	
4	8		121.07		15.13	.170		30.27	
0	0	\$	.00	\$	.00	.000	\$	.00	\$
13	39	\$	2,698.52	\$	69.19	.830	\$	207.58	\$
	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         4       8       121.07         0       \$       .00	0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         4       8       121.07         0       \$       .00       \$	0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         4       8       121.07       15.13         0       \$       .00       \$	0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00	0       0       .00       .00       .00       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .00       .00         0       0       .00	0       0       .00       .00       .000       .000       .000         0       0       .00       .00       .000       .000       .000         0       0       .00       .00       .000       .000       .000         0       0       .00       .00       .000       .000       .000         0       0       .00       .00       .000       .000       .000         0       0       .00       .00       .000       .000       .000         0       0       .00       .00       .000       .000       .000         0       0       .00       .00       .000       .000       .000         0       0       .00       .00       .000       .000       .000         0       0       .00       .00       .000       .000       .000         0       0       .00       .00       .000       .000       .000         0       0       .00       .00       .000       .000       .000         0       0       .00       .00       .00       .000       .000       .000         0       0 <td< td=""></td<>

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

----- MONTHLY AVERAGE -USERS EXPENDITURES AVERAGE COST UNITS/DAYS 470 ELIGIBLES UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG 185.78 @TOTAL, ALL PROVIDERS 160 483 29,724.16 61.54 1.028 \$ @PHYSICIANS SERVICES 37 1,857.97 50.22 .079 \$ 74.32 OUTPATIENT VISITS 127.86 31.97 .009 31.97 OFFICE VISITS 127.86 31.97 .009 31.97 .00 .000 .00 HOME VISITS .00 .00 .000 EMERGENCY ROOM .00 .00 PREVENTIVE CARE .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .000 . 00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES 66.89 66.89 .002 66.89 66.89 66.89 EXAMINATIONS .002 66.89 SERVICES AND MATERIALS .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 ANESTHESIOLOGIST .000 .00 1,450.01 **OUTPATIENT SURGERY** 161.11 .019 362.50 1,283.25 256.65 PRINCIPAL SURGEON .011 320.81 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST 166.76 41.69 .009 166.76 DIALYSIS .00 .00 .000 .00 PATHOLOGY 1 2.10 .002 1 2.10 2.10 17 21 194.46 9.26 .045 11.44 RADIOLOGY .000 **PSYCHIATRY** .00 .00 .00 IMMUNIZATION AND INJECTION .00 .00 .000 .00 OTHER SERVICES/ALL X-OVERS 16.65 16.65 .002 16.65

@PHARMACY PRESCRIPTION DRUGS	64 64	111 \$ 111	2,882.54	\$	25.97 25.97	.236	\$ 45.0 45.0	
	0	0	2,882.54 .00		.00	.236 .000	45.0	
SNF/ICF OUTPATIENTS	64	111	2,882.54		.00 25.97	.236	.0 45.0	
MEDICAL SUPPLIES	0	0	2,002.54		.00	.000	45.0	
@DENTIST	0		.00	\$	.00	.000		
	0	0 \$ 0		Þ			•	•
VISITS - DIAGNOSTIC	0	0	.00		.00	.000	. 0	
ORAL SURGERY	0	0	.00		.00	.000	. 0	
DRUGS	0	0	.00		.00	.000	. 0	
ANESTHESIA	0	0	.00		.00	.000	. 0	
PERIODONTICS	0	0	.00		.00	.000	. 0	
ENDODONTICS	0	0	.00		.00	.000	. 0	
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	. 0	
PROSTHETICS	0	0	.00		.00	.000	.0	
DENTURES, STAYPLATES	0	0	.00		.00	.000	.0	
SPACE MAINTAINERS	0	0	.00		.00	.000	.0	
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.0	0
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.0	
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.0	0
ALL OTHER SERVICES	0	0	.00		.00	.000	.0	0
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON'	TH-OF-PAYMENT RE	EPORT	FOR JAN 2	2005 THRU I	DEC 2005	P#
MOP024	FEE-FOR-SERVICE	/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR 133% PROGRAM	AID C	CODES	72 74 8N	8P		
						MC	ONTHLY AVE	RAGE -
470 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S COST PE	R C
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	E
@OPTOMETRIST	1	1 \$	8.01	\$	8.01	.002	\$ 8.0	1 \$
DIAGNOSTIC AND ANC. PROCED	1	1	8.01	•	8.01	.002	8.0	1
EYE APPLIANCES	0	0	.00		.00	.000	.0	0
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.0	
@CHIROPRACTOR	0	0 \$	.00	Ś	.00	.000	\$ .0	
VISITS	0	0	.00	т.	.00	.000	.0	•
OTHER SERVICES	0	0	.00		.00	.000	.0	
@PODIATRIST	0	0 \$	.00	\$	.00		\$ .0	
MEDICINE/INJECTIONS	0	0	.00	۲	.00	.000	.0	•
SURGERY/ANES.	0	0	.00		.00	.000	.0	
DOROBICI / ANDO.	O	O	.00		.00	.000	. 0	0

RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	0 0 0	0 0 0 \$	.00	.00 .00 \$ .00	.000	.00	خ
NURSE ANESTHESIST	1	0 5 6 ¢	.00 143.70	\$ 23.95	.000 \$ .013 \$	143.70	
NURSE MIDWIFE	0	6 \$ 0 \$	.00	\$ 23.93	.000 \$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	•	.000 \$	.00	Ģ.
FAMILY NURSE PRACTITIONER	0	0 \$	.00		.000 \$	.00	\$
@TOTAL HOSPITAL	37	182 \$	10,607.64	•		286.69	<u>ب</u>
HOSP INPATIENT TOTAL	2	3	5,076.24	1692.08	.006	2538.12	ې
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	2	3	5,076.24	1692.08	.006	2538.12	
ACCOMMODATIONS	2	3	1,946.16	648.72	.006	973.08	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	2	3	1,946.16		.006	973.08	
ANCILLARIES	2	0	3,130.08	.00	.000	1565.04	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	36	179	5,531.40		.381	153.65	
MEDICAL	24	35	2,222.26		.074	92.59	
SURGERY	5	7	413.45		.015	82.69	
PATHOLOGY	15	44	477.26	10.85	.094	31.82	
RADIOLOGY	12	14	279.69	19.98	.030	23.31	
ROOM USE	25	37	1,410.58		.079	56.42	
CROSSOVERS/ALL OTH OUTPTNT	21	42	728.16	17.34	.089	34.67	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00		.000 \$	.00	Ś
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	т
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	2005 THRU DEC	2005	PP
MOP024	FEE-FOR-SERVICE/D	ENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVIC	ES FOR 133% PROGRAM	M AID	CODES 72 74 8N			
					MONT		
470 ELIGIBLES		NITS OF SERVICE	EXPENDITURES				C
- COMMUNITARY WOODS		OR DAYS OF CARE	40 60 -:	PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	37	182 \$	10,607.64	\$ 58.28	.387 \$		Ş
COMM HOSP INPATIENT TOTAL	2	3	5,076.24	1692.08	.006	2538.12	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	2	3	5,076.24	1692.08	.006	2538.12	
ACCOMMODATIONS	2	3	1,946.16	648.72	.006	973.08	
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	

TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	2	3		1,946.16		648.72	.006		973.08	
ANCILLARIES	2	0		3,130.08		.00	.000		1565.04	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	36	179		5,531.40		30.90	.381		153.65	
MEDICAL	24	35		2,222.26		63.49	.074		92.59	
SURGERY	5	7		413.45		59.06	.015		82.69	
PATHOLOGY	15	44		477.26		10.85	.094		31.82	
RADIOLOGY	12	14		279.69		19.98	.030		23.31	
ROOM USE	25	37		1,410.58		38.12	.079		56.42	
CROSSOVERS/ALL OTH OUTPTNT	21	42		728.16		17.34	.089		34.67	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	т	.00	7	.00	.000	т.	.00	Т
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ġ	.00	\$
HOSPITAL BASED	0	0	т	.00	7	.00	.000	т.	.00	Т
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ġ	.00	\$
HOSPITAL BASED	0	0	т	.00	7	.00	.000	т.	.00	Т
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	8	8	\$	93.18	\$	11.65	.017	Ś	11.65	\$
PATHOLOGY	8	8	т	93.18	τ	11.65	.017	т	11.65	т
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	90	124	Ś	13,604.82	Ś	109.72	.264	Ś	151.16	\$
CLINIC	0	0	т	.00	τ	.00	.000	т	.00	т
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	90	124		13,604.82		109.72	.264		151.16	
#CALIF DEPT OF HEALTH SERV			TURES MOI	NTH-OF-PAYMENT R	EPORT			DEC		PΑ
MOP024	FEE-FOR-SERVICE		- 01120 1101	01 111111111111111111111111111111		1011 0111 1	1000 11110		2000	
DEL NORTE COUNTY		VICES FOR 133%	PROGRAM	AID	CODES	72 74 8N	8P			
							M	ONT	HLY AVERA	GE -
470 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY			C
· ·—- ·—-		OR DAYS OF CA					PER ELIG		USER	Ē
@ALL OTHER PROVIDERS	5	14	\$	526.30	Ś	37.59	.030		105.26	\$
DURABLE MED. EQUIP.	0	0	т	.00	т	.00	.000	т	.00	т
	ŏ			.00			.000			

					MON	THLY AVERAC	- ਪੋਰ
470 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	5	14 \$	526.30	\$ 37.59	.030 \$	105.26	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	1	5	151.25	30.25	.011	151.25	
AMBULANCES/AIR TRANS	1	5	151.25	30.25	.011	151.25	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	000	.00	
OPTICIAN	1	2	21.54	10.77	004	21.54	
PHYSICAL THERAPIST	0	0	.00	.00	000	.00	
PORTABLE X-RAY	0	0	.00	.00	000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	000	.00	
PROSTHETICS	0	0	.00	.00	000	.00	
ORTHOTICS	0	0	.00	.00	000	.00	
PSYCHOLOGIST	0	0	.00	.00	000	.00	
SPEECH AND AUDIOLOGY	3	7	353.51	50.50	015	117.84	
HOSPICE SERVICES	0	0	.00	.00	000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	000	.00	
@CALIF. CHILDREN SERVICES*	3	15	\$ 1,327.59	\$ 88.51	032	\$ 442.53	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PAYMENT NEPORT FOR JAN 2005 PAYMENT PAYMENT PAYMENT PAYMENT PAYMENT PAYMENT PAYMENT P

DEL NORTE COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

MONTHLY AVERAGE									
398 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E		
@TOTAL, ALL PROVIDERS	178	686 \$	43,137.56	\$ 62.88	1.724 \$	242.35	\$		
@PHYSICIANS SERVICES	35	64 \$	1,092.36	\$ 17.07	.161 \$	31.21	\$		
OUTPATIENT VISITS	5	7	201.08	28.73	.018	40.22			
OFFICE VISITS	5	7	201.08	28.73	.018	40.22			
HOME VISITS	0	0	.00	.00	.000	.00			
EMERGENCY ROOM	0	0	.00	.00	.000	.00			
PREVENTIVE CARE	0	0	.00	.00	.000	.00			
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00			
OTHER OUTPATIENT	0	0	.00	.00	.000	.00			
INPATIENT VISITS	0	0	.00	.00	.000	.00			
HOSPITAL VISITS	0	0	.00	.00	.000	.00			
CRITICAL CARE	0	0	.00	.00	.000	.00			
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00			
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00			
EXAMINATIONS	0	0	.00	.00	.000	.00			
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00			
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00			
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00			
ASSISTANT SURGEON	0	0	.00	.00	.000	.00			
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00			
OUTPATIENT SURGERY	3	3	200.12	66.71	.008	66.71			
PRINCIPAL SURGEON	3	3	200.12	66.71	.008	66.71			
ASSISTANT SURGEON	0	0	.00	.00	.000	.00			
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00			
DIALYSIS	0	0	.00	.00	.000	.00			

PAIROLOGI	U	U		.00		.00	.000		.00	
RADIOLOGY	29	50		616.85		12.34	.126		21.27	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	1 80 80	4		74.31		18.58	.010		74.31	
@PHARMACY	80	158	\$	6,571.40			.397	Ś	82.14	Ś
PRESCRIPTION DRUGS	80	158	т	6,571.40		41.59	.397	т	82.14	т
SNF/ICF	0	0		.00		.00	.000		.00	
OUTPATIENTS	80	158		6,571.40		41.59	.397		82.14	
MEDICAL SUPPLIES	0	138		,			.000		.00	
	•		4	.00	4	.00		4		4
@DENTIST	2 2	8	\$	232.00	Ş	29.00	.020	Þ	116.00	Ş
VISITS - DIAGNOSTIC		5		108.00		21.60	.013		54.00	
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	1	1		39.00		39.00	.003		39.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.003		50.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	1	1		35.00		35.00	.003		35.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV			IDEC MON		ייים רע ב			חפת		PΔ
MOP024	FEE-FOR-SERVIC		JKES MON	IH-OF-PAIMENI RI	SPORT	FOR UAN 2	2005 IRO	DEC	2005	PF.
				ATD (	TODEIG	73 77 OD	ОП			
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR 100% I	PROGRAM	AID (	CODES	/A /C 8R			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	aп
200 51 16151 56	HARRA		~		3		M			
398 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES						C
		OR DAYS OF CAR					PER ELIG		USER	E
@OPTOMETRIST	4	10	\$	207.79	\$	20.78	.025	\$	51.95	\$
DIAGNOSTIC AND ANC. PROCED	4	7 3 0 0		164.94		23.56	.018		41.24	
EYE APPLIANCES	1	3		42.85		14.28	.008		42.85	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR			\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	1	1	\$	62.41	\$	62.41	.003	\$	62.41	\$
MEDICINE/INJECTIONS	1	1	·	62.41	•	62.41	.003		62.41	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	ŭ	0		.00		.00	.000		.00	
OTHER	0								. 0 0	
	0								0.0	
@HOME HEALTH AGENCY	0	0	¢	.00		.00	.000	¢	.00	Ġ
@HOME HEALTH AGENCY	0		\$	.00	\$	.00	.000		.00	\$
NURSE ANESTHESIST	0	0 0 6	\$ \$ \$	.00 .00 123.75	\$	.00 .00 20.63	.000 .000 .015	\$	.00 61.88	\$ \$ \$
	0 0 2 0	0	\$ \$ \$ \$ \$	.00	\$	.00	.000	\$ \$	.00	ው <del>ሴ</del>

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PATHOLOGY

FAMILY NURSE PRACTITIONER

NON-HSC HOSPITAL TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

HOSP INPATIENT TOTAL

ACCOMMODATIONS

@TOTAL HOSPITAL

HSC HOSPITALS

ANCILLARIES 1 0 9,942.79 .00 .000 9942.79	
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00	
HOSP OUTPATIENT TOTAL 43 255 8,557.66 33.56 .641 199.02	
MEDICAL 24 38 2,318.89 61.02 .095 96.62	
SURGERY 16 22 1,412.42 64.20 .055 88.28	
PATHOLOGY 10 48 548.70 11.43 .121 54.87	
RADIOLOGY 25 37 1,090.58 29.48 .093 43.62	
ROOM USE 31 54 1,958.55 36.27 .136 63.18	
CROSSOVERS/ALL OTH OUTPTNT 25 56 1,228.52 21.94 .141 49.14	
@COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 \$ .00	\$
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00	
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00	
ACCOMMODATIONS 0 0 .00 .00 .00 .00	
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00	
ANCILLARIES 0 0 0 .00 .00 .00 .00	
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00	
CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	
MEDICAL 0 0 .00 .00 .00 .00 .00	
SURGERY 0 0 .00 .00 .00 .00 .00	
PATHOLOGY 0 0 .00 .00 .00 .00 .00	
RADIOLOGY 0 0 .00 .00 .00 .00 .00	
ROOM USE 0 .00 .00 .00 .00 .00	
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00 .00	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024 FEE-FOR-SERVICE/DENTAL	
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T	
MONTHLY AVER	√GE -
398 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	C
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	E
@COMMUNITY HOSPITAL TOTAL 44 259 \$ 21,555.37 \$ 83.23 .651 \$ 489.89	\$

COMM HOSP INPATIENT TOTAL	1	1		12,997.71		3249.43	.010		12997.71	
HSC HOSPITALS	0	4								
	1	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	1	4		12,997.71		3249.43	.010		12997.71	
ACCOMMODATIONS	Ţ	4		3,054.92		763.73	.010		3054.92	
ADMINISTRATIVE DAYS	0	0		.00			.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	1	4 0		3,054.92		763.73	.010		3054.92	
ANCILLARIES	1	0		9,942.79		.00	.000		9942.79	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	43	255		8,557.66		33.56	.641		199.02	
MEDICAL	24	38		2,318.89 1,412.42		61.02	.095		96.62	
SURGERY	16	22		1,412.42		64.20	.055		88.28	
PATHOLOGY	10	48		548.70		11.43	.121		54.87	
RADIOLOGY	25	37		1 000 50		29.48	.093		43.62	
ROOM USE	31	54		1,090.58 1,958.55		36.27	.136		63.18	
				1,950.55		30.47				
CROSSOVERS/ALL OTH OUTPTNT		56		1,220.52		Z1.94	.141		49.14	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś
ICF DDH	0	0	Y	.00	۲	.00	.000	۲	.00	۲
ICF DD	0	0		.00		.00	.000		.00	
	0	0								
ICF DDN/DDCN	0		Ċ	.00	4	.00	.000	4	.00	4
@HEMODIALYSIS TOTAL	U	0	\$	.00	\$	.00	.000	Ş	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	7	26	\$	473.87	\$	18.23	.065	\$	67.70	\$
PATHOLOGY	7	26		473.87		18.23	.065		67.70	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	82	111	\$	11,866.74			.279	\$	144.72	\$
CLINIC	0	0	·	.00		.00	.000	•	.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	82	111		11,866.74		106.91	.279		144.72	
#CALIF DEPT OF HEALTH SERV			итопс м					סתם		דע דע
			ORES M	ONIH-OF-PAIMENI F	(EPORI	FOR JAN	2005 IHRU	DEC	2005	PA
MOP024	FEE-FOR-SERVI	•			CODEC		0.00			
DEL NORTE COUNTY	SUMMARY OF SE	RVICES FOR 100%	PROGRA	M AID	CODES	/A /C 8R				~-
							M			
398 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAY			C
		OR DAYS OF CA				,	PER ELIG		USER	
@ALL OTHER PROVIDERS	12	43	\$	951.87	\$	22.14	.108	\$	79.32	\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		0.0		0.0	000		0.0	

HEARING AID DISPENSERS

.00

.00

.000

.00

MEDICAL TRANSPORTATION	3	6	250.60	41.77	.015	83.53	
AMBULANCES/AIR TRANS	3	6	250.60	41.77	.015	83.53	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.003	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1	2	16.64	8.32	.005	16.64	
PHYSICAL THERAPIST	4	19	287.29	15.12	.048	71.82	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	1	50.91	50.91	.003	50.91	
PROSTHETICS	1	1	50.91	50.91	.003	50.91	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	1	3	122.13	40.71	.008	122.13	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	2	11	119.30	10.85	.028	59.65	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$
@* TOTALS IN THESE LINES ARE GIVEN A	AC V CEDVBVLE .	TNEORMATION ITEM ONLY	•				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

						THLY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	2	2 \$	316.11	\$ 158.06	.000 \$	158.06	\$
@PHYSICIANS SERVICES	2	2 \$	316.11	\$ 158.06	.000 \$	158.06	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	

OUTPATIENT SURGERY	1	1	253.16	253.16	.000	253.16	
PRINCIPAL SURGEON	1	1	253.16	253.16	.000	253.16	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	1	1	62.95	62.95	.000	62.95	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0 \$	.00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REP	PORT FOR JAN	2005 THRU I	DEC 2005	PA

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

FEE-FOR-SERVICE/DENTAL

MOP024

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @OPTOMETRIST 0 .00 \$ .00 .000 \$ .00 DIAGNOSTIC AND ANC. PROCED .00 .000 .00 0 .00 EYE APPLIANCES .00 .00 .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 .00 @CHIROPRACTOR .000 \$ .00 .00 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 @PODIATRIST .00 .00 .000 \$ .00 .00 .00 .00 MEDICINE/INJECTIONS .000 .00 SURGERY/ANES. .00 .000 .00 RADIO./PATHOLOGY .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 @HOME HEALTH AGENCY 0 .00 .00 .000 \$ .00 NURSE ANESTHESIST .00 .00 .000 \$ .00 .00 .000 NURSE MIDWIFE .00 .00 .00 .00 .000 PEDIATRIC NURSE PRACTITIONER .00 FAMILY NURSE PRACTITIONER .00 .00 .000 \$ .00 @TOTAL HOSPITAL .00 .00 .000 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00

----- MONTHLY AVERAGE -

NON-HSC HOSPITAL TOTAL       0       0       .00 </th <th></th> <th></th> <th></th> <th>.00</th> <th>.00</th> <th>.000</th> <th>.00</th> <th></th>				.00	.00	.000	.00	
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE       0       0       .00       .00       .00       .00       .00         ALL OTHER ACCOM       0       0       .00       .00       .00       .00       .00         ANCILLARIES       0       0       .00       .00       .00       .00       .00         INPATIENT CROSSOVERS       0       0       .00       .00       .00       .00       .00	ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
	ANCILLARIES	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT 0 0 .00 00 000 000	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL 0 0 0 .00 .00 .00 .00	MEDICAL	0	0	.00	.00	.000	.00	
SURGERY 0 0 0 .00 .00 .00 .00	SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY 0 0 .00 .00 .00 .00	PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY 0 0 .00 .00 .00 .00	RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE 0 0 .00 .00 .00 .00 .00	ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00	CROSSOVERS/ALL OTH OUTPTN'	Γ Ο	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 \$ .00 \$	@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	CO HOSPITAL INPATIENT TOTA:	L 0	0	.00	.00	.000	.00	
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00	ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM 0 0 .00 .00 .00 .00	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00	ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL 0 0 0 .00 .00 .00 .00 .00	MEDICAL	0	0	.00	.00	.000	.00	
SURGERY 0 0 0 .00 .00 .00 .00 .00	SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY 0 0 .00 .00 .00 .00 .00	PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY 0 0 .00 .00 .00 .00 .00	RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE 0 0 .00 .00 .00 .00 .00	ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00	CROSSOVERS/ALL OTH OUTPTN		•					
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA	**			NTH-OF-PAYMENT REPORT	FOR JAN 20	05 THRU DEC	2005	PA
MOP024 FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	DEL NORTE COUNTY	SUMMARY OF SERVICES F	OR PRESUMPTIVE	ELIGIBILITY-PREGNANT A	AID CODES 7	F 7G		

					MON'	THLY AVERAGE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER C	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER E	
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	

RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU:	RES MONTH-	OF-PAYMENT RE	PORT	FOR JAN 20	05 THRU	DEC 2	005	PA
MOP024	FEE-FOR-SERVICE/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	PRESUM	PTIVE ELIC	GIBILITY-PREGN	ANT A		F 7G			
						_	M	ONTHL	Y AVERA	GE -

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C

00 ELIGIBLES

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER E
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$
A TOTAL THE THEE TIMES ARE STIEN AS	A CEDAE	ATE THEODMATEON THEM ONE V	7.			

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PAYMENT NEPORT FOR JAN 2005 PAYMENT NEPORT FOR JAN 2005 PAYMENT NEPORT FOR JAN 2005 PAYMENT P

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

						M	ONT	HLY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$	.00	.000	\$	.00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$	.00	.000	\$	.00	\$
OUTPATIENT VISITS	0	0	.00		.00	.000		.00	
OFFICE VISITS	0	0	.00		.00	.000		.00	
HOME VISITS	0	0	.00		.00	.000		.00	
EMERGENCY ROOM	0	0	.00		.00	.000		.00	
PREVENTIVE CARE	0	0	.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00	
OTHER OUTPATIENT	0	0	.00		.00	.000		.00	
INPATIENT VISITS	0	0	.00		.00	.000		.00	
HOSPITAL VISITS	0	0	.00		.00	.000		.00	
CRITICAL CARE	0	0	.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00	
EXAMINATIONS	0	0	.00		.00	.000		.00	

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
	•	0								
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00	
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PRESCRIPTION DRUGS	0	0	۲	.00	Ψ	.00	.000	۲	.00	۲
SNF/ICF	0	0		.00		.00	.000		.00	
·	0	0								
OUTPATIENTS	0			.00		.00	.000		.00	
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00	
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00	
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0								
SPACE MAINTAINERS	U	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	JRES M	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2	005 THRU I	DEC	2005	P#
MOP024	FEE-FOR-SERVIC	E/DENTAL								
DEL NORTE COUNTY			AL TU	JBERCULOSIS PROGRAM		AID CODE	7H			
							MC	ONTH	ILY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST			COST PER	C
		OR DAYS OF CAR				UNIT/DAY			USER	Ē
@OPTOMETRIST	0	0 0	\$	.00	\$	.00	.000	¢	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	۲	.00	Y	.00	.000	Y	.00	٢
EYE APPLIANCES	0									
	0	0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0	4.	.00	4.	.00	.000	4.	.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NORDE ANEDIHEDIDI	U	O	۲	.00	Y	.00	.000	Y	.00	۲

NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000 \$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ \$	.00	\$ .00	.000 \$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$	.00	\$
@TOTAL HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
	0	0						
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0		.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$		\$ .00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL		0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0		.00	.00	.000	.00	
		ICES AND EXPENDITU	IRES MONTH-OF					PΑ
MOP024	FEE-FOR-SERVI		KED MONTH OF	TAIMBINI KEL	ORT FOR DAN 2	OUS TIMO DEC	2005	L F.
DEL NORTE COUNTY		RVICES FOR MEDI-C	יאו ייווס בים כיוור כ	OCTO DDOCDAM	AID CODE	71		
DEL NORTE COUNTY	SUMMARI OF SEI	CVICES FOR MEDI-C	AL TOBERCOLC	MANDONA CIC		MONTH	ודע אזונים או	CE _
00 ELIGIBLES	USERS	UNITS OF SERVIC	יסי סי	PENDITURES				
00 FFIGIRES	USERS				AVERAGE COST			C E
	•	OR DAYS OF CAR	.E.		PER UNIT/DAY		USER	_
@COMMUNITY HOSPITAL TOTAL	0	0	<del>ې</del>		\$ .00	.000 \$	.00	\$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		0.0	0.0	000	0.0	

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ALL OTHER ACCOM

INPATIENT CROSSOVERS

ANCILLARIES

0

0

ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00	
MEDICAL	0	0	.00		.00	.000		.00	
SURGERY	0	0	.00		.00	.000		.00	
PATHOLOGY	0	0	.00		.00	.000		.00	
RADIOLOGY	0	0	.00		.00	.000		.00	
ROOM USE	0	0	.00		.00	.000		.00	
	0	0							
CROSSOVERS/ALL OTH OUTPTNT	0		.00	4	.00	.000	4	.00	4
@STATE HOSPITAL	U	0 \$		\$	.00		\$	.00	\$
MENTALLY ILL	0	0	.00		.00	.000		.00	
DEVELOP. DISABLED	0	0	.00		.00	.000		.00	
@NURSING FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00	
LEV B-REHAB MD	0	0	.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
LEV B-REGULAR	0	0	.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0 \$		\$	.00	.000	Ś	.00	\$
ICF DDH	0	0	.00	۲	.00	.000	۲	.00	4
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0			۲.			۲.		Ċ.
	0	0 \$		\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	·	.00		.00	.000		.00	
HEMODIALYSIS CENTER	U	0	.00		.00	.000	_	.00	
@REHABILITATION FACILITY	0	0 \$		\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	0	0 \$		\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0	.00		.00	.000		.00	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$	.00	.000	\$	.00	\$
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0	.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES		REPORT			DEC		PΑ
MOP024	FEE-FOR-SERVIC							2000	
DEL NORTE COUNTY		RVICES FOR MEDI-CAL	TUBERCULOSIS PROGRA	M	AID CODE	7H			
DEE NORTE COOKIT		CVICES FOR THESE CHE	TOBERCOLOGIE TROOM		TIED CODE	M	ОМТЕ	II.V AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	Z\17∓	TRACE COST	UNITS/DAY		COST PER	C
00 EDIGIDDES	OSERS	OR DAYS OF CARE	EXFENDITORES		NAGE COST		5 (	USER	E
@ALL OTHER PROVIDERS	0						۲.		\$
	0	0 \$	.00	\$	.00	.000	Þ	.00	Þ
DURABLE MED. EQUIP.	0	0	.00		.00	.000		.00	
BLOOD BANK	0	0	.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0	.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0	.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	0	.00		.00	.000		.00	
OTHER TRANS	0	0	.00		.00	.000		.00	
OTHER SERVICES	0	0	.00		.00	.000		.00	
ACUPUNCTURE	0	0	.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000		.00	
GENETIC DISEASE TESTING	0	0	.00		.00	.000		.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000		.00	
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		.00	
	-	-							

OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^ THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 IN MOPO24 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

----- MONTHLY AVERAGE -81 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C USER OR DAYS OF CARE PER UNIT/DAY PER ELIG E @TOTAL, ALL PROVIDERS 622 \$ 45,339.98 72.89 7.679 \$ 697.54 @PHYSICIANS SERVICES 17 40 \$ 1,556.77 38.92 .494 \$ 91.57 \$ OUTPATIENT VISITS 2 2 145.65 72.83 .025 72.83 .00 .000 .00 OFFICE VISITS .00 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM 44.60 44.60 .012 44.60 0 .000 PREVENTIVE CARE .00 .00 .00 OB VISITS/COMPRE PERI 101.05 101.05 .012 101.05 OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS .00 .000 .00 .00

HOODIMAL MIGHTON	0	^		0.0		0.0	000		0.0	
HOSPITAL VISITS	0	0		.00		.00	.000		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	3	5		650.26		130.05	.062		216.75	
PRINCIPAL SURGEON	3	4		601.81		150.45	.049		200.60	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	1	1		48.45		48.45	.012		48.45	
DIALYSIS	0	0 3		.00		.00	.000		.00	
PATHOLOGY	1	3		11.76		3.92	.037		11.76	
RADIOLOGY	15	18		664.91		36.94	.222		44.33	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	3	6		44.70		7.45	.074		14.90	
OTHER SERVICES/ALL X-OVERS	1	6		39.49		6.58	.074		39.49	
@PHARMACY	14	22	\$	508.57	\$	23.12	.272	بع	36.33	Ś
PRESCRIPTION DRUGS	14	22	Ą	508.57	Ą	23.12	.272	Ą	36.33	Ą
	0	22								
SNF/ICF	_	_		.00		.00	.000		.00	
OUTPATIENTS	14	22		508.57		23.12	.272		36.33	
MEDICAL SUPPLIES	0	0	4.	.00		.00	.000	4.	.00	4.
@DENTIST	0	0	\$	.00	\$	.00	.000	Ş	.00	\$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00	
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MONT		PORT			DEC		P.P.
MOP024	FEE-FOR-SERVICE/DENTAL		1.10141	TI OI TITTIIIINI KE	01(1	ION UAN Z	111110	ال ال	2000	T. F.
NOFUZ4	CIRCLE FOR SERVICE, DENIA		CONCENTE	3 TD GODDG 3 TD 6						

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N
----- MONTHLY AVERAGE -

81 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	. (	COST PER	C
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	
EYE APPLIANCES	0	0	.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$
VISITS	0	0	.00		.00	.000		.00	
OTHER SERVICES	0	0	.00		.00	.000		.00	
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	

SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	3	17	Ė	394.01	Ė	23.18	.210			Ė
NURSE MIDWIFE	4	8	Ė	1,318.38	Ė	164.80	.099		329.60	\$
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000		.00	\$
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000		.00	\$
@TOTAL HOSPITAL	44	486	Š	38,397.05	Š	79.01	6.000		872.66	\$
HOSP INPATIENT TOTAL	6	21	۲	26,965.85		284.09	.259	۲	4494.31	۲
HSC HOSPITALS	0	0		. 00		0.0	000		.00	
NON-HSC HOSPITAL TOTAL	6	21		26,965.85	1	284.09	.259		4494.31	
ACCOMMODATIONS	6	21		11,643.04		204.09	.259		1940.51	
	8	0				554.43	.000			
ADMINISTRATIVE DAYS	0	0		.00		. 0 0			.00	
TRANSITIONAL IP CARE	0			.00		.00	.000		.00	
ALL OTHER ACCOM	6	21		11,643.04		554.43	.259		1940.51	
ANCILLARIES	6	0		15,322.81		.00	.000		2553.80	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00			.00	
HOSP OUTPATIENT TOTAL	43	465		11,431.20		24.58	5.741		265.84	
MEDICAL	10	10		766.07		76.61	.123		76.61	
SURGERY	6	8		199.46		24.93	.099		33.24	
PATHOLOGY	19	104		1,220.62		11.74	1.284		64.24	
RADIOLOGY	6	7		468.08		66.87	.086		78.01	
ROOM USE	35	74		2,622.42		35.44	.914		74.93	
CROSSOVERS/ALL OTH OUTPTNT		262		2,622.42 6,154.55		23.49	3.235		181.02	
@COUNTY HOSPITAL TOTAL	3	19	\$	517.26		27.22	.235	\$	172.42	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0 0 0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	Ö		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	Ö		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00			.00	
CO HOSP OUTPATIENT TOTAL	3	19		517.26		27.22	.235		172.42	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	2		61.68		20.56	.037		30.84	
PATHOLOGY	2 2	3 7		172.43		24.63	.037		86.22	
	2	0							.00	
RADIOLOGY	1	4		.00		.00	.000			
ROOM USE				240.50		60.13	.049		240.50	
CROSSOVERS/ALL OTH OUTPTNT		5		42.65		8.53	.062	חחמ	21.33	D.7
#CALIF DEPT OF HEALTH SERV			KES MO	MIH-OF-PAYMENT RE	PLOKI,	FOR JAN	∠UU5 THRU	DEC	∠005	PA
	FEE-FOR-SERVICE/DENTAL		a011a=11		2005		D 711			
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	K MINOR	CONSEN	T AID CODES AID C	CODES	/M /P 7				a=

----- MONTHLY AVERAGE -AVERAGE COST UNITS/DAYS COST PER 81 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E \$ 81.11 @COMMUNITY HOSPITAL TOTAL 467 \$ 37,879.79 5.765 \$ 923.90 \$ 41 COMM HOSP INPATIENT TOTAL 21 26,965.85 1284.09 .259 4494.31 HSC HOSPITALS 0 .000 .00 0 .00 .00 NON-HSC HOSPITALS TOTAL 21 26,965.85 .259 6 1284.09 4494.31 ACCOMMODATIONS 21 11,643.04 554.43 .259 1940.51

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	6	21		11,643.04		554.43	.259		1940.51	
ANCILLARIES	6	0		15,322.81		.00	.000		2553.80	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	40	446								
	10			10,913.94		24.47	5.506		272.85	
MEDICAL	— ·	10		766.07		76.61	.123		76.61	
SURGERY	4	5		137.78		27.56	.062		34.45	
PATHOLOGY	17	97		1,048.19		10.81	1.198		61.66	
RADIOLOGY	6	7		468.08		66.87	.086		78.01	
ROOM USE	34	70		2,381.92		34.03	.864		70.06	
CROSSOVERS/ALL OTH OUTPTNT		257		6,111.90		23.78	3.173		191.00	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	'	.00		.00	.000	'	.00	'
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	-	.00	т.	.00	.000	т	.00	т
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	Υ	.00	Υ	.00	.000	4	.00	Υ
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	3	7	\$	177.81	\$	25.40	.086	\$	59.27	\$
PATHOLOGY	3	7	Y	177.81	Y	25.40	.086	Y	59.27	۲
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	14	39	\$	2,672.39	\$	68.52	.481	Ġ	190.89	\$
CLINIC CLINIC	5	24	Y	993.51	Y	41.40	.296	Y	198.70	Y
SURGICENTER	5	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00			.000		.00	
	9	15				.00				
RURAL HEALTH CLINIC			ים בים א	1,678.88	ם מעטמי	111.93	.185	חהמ	186.54	D7
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		KES M	ION IH-OF-PAYMENT RE	PLOKI	FOR JAN	ZUUS THRU	DEC	∠005	PΑ
MOP024	FEE-FOR-SERVICE/DENT	ľAL								

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

----- MONTHLY AVERAGE -AVERAGE COST UNITS/DAYS COST PER 81 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E 105.00 \$ @ALL OTHER PROVIDERS 3 3 315.00 105.00 .037 \$ DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 BLOOD BANK 0 .00 .00 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 MEDICAL TRANSPORTATION 0 0 .00 .00 .000 .00 AMBULANCES/AIR TRANS 0 0 .00 .00 .000 .00 .00 OTHER TRANS 0 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00

ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	3	3	315.00	105.00	.037	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	
@* TOTALS IN THESE LINES ARE GIVEN A	S A SEPARATE	TNFORMATION ITEM ONLY.					

\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

----- MONTHLY AVERAGE USERS 692 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE USER PER UNIT/DAY PER ELIG E @TOTAL, ALL PROVIDERS 436 1,458 \$ 108,425.21 \$ 74.37 2.107 \$ 248.68 49.50 @PHYSICIANS SERVICES 59 120 \$ 5,940.04 .173 \$ 100.68 Ś 51.60 OUTPATIENT VISITS 23 30 1,186.74 39.56 .043 OFFICE VISITS 21 637.84 30.37 .030 35.44 HOME VISITS 0 .00 .000 .00 .00 EMERGENCY ROOM 157.55 52.52 .004 52.52 PREVENTIVE CARE 0 .00 .00 .000 .00 OB VISITS/COMPRE PERI 5 375.55 75.11 .007 375.55 OTHER OUTPATIENT 15.80 15.80 .001 15.80 INPATIENT VISITS 23 2,776.02 120.70 .033 1388.01 HOSPITAL VISITS 3 85.02 28.34 .004 85.02 CRITICAL CARE 20 2,691.00 134.55 .029 2691.00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00 **EXAMINATIONS** .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY 544.28 544.28 .001 544.28 PRINCIPAL SURGEON 544.28 544.28 .001 544.28 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY 171.02 .007 34.20 42.76 5 PRINCIPAL SURGEON 171.02 34.20 .007 42.76 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00

DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	6	12	180.42	15.04	.017	30.07	
RADIOLOGY	28	35	663.99	18.97	.051	23.71	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	8	14	417.57	29.83	.020	52.20	
@PHARMACY	197	399 \$	18,990.16	\$ 47.59	.577 \$	96.40	\$
PRESCRIPTION DRUGS	197	398	18,978.11	47.68	.575	96.34	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	197	398	18,978.11	47.68	.575	96.34	
MEDICAL SUPPLIES	1	1	12.05	12.05	.001	12.05	
@DENTIST	8	62 \$	1,213.00	\$ 19.56	.090 \$	151.63	\$
VISITS - DIAGNOSTIC	7	47	463.00	9.85	.068	66.14	
ORAL SURGERY	2	10	715.00	71.50	.014	357.50	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	1	1	.00	.00	.001	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	1	2	.00	.00	.003	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	1	1	35.00	35.00	.001	35.00	
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2005 THRU DE	C 2005	PA
MOP024	FEE-FOR-SERVICE/						
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR EDWARDS CA	ASES IN PA-FAMILIES	AID CODE			
					MON		AGE -
692 ELIGIBLES	USERS 1	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY		USER	E
@OPTOMETRIST	13	35 \$	666.34	\$ 19.04	.051 \$		\$
DIAGNOSTIC AND ANC. PROCED	7	11	308.12	28.01	.016	44.02	
EYE APPLIANCES	9	24	358.22	14.93	.035	39.80	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	

@CHIROPRACTOR	2	3	\$	50.16	\$	16.72	.004	\$	25.08	\$
VISITS	2	3		50.16		16.72	.004		25.08	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	3	13	\$	247.70	\$	19.05	.019		82.57	
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000		.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ \$	.00	Ė	.00	.000	Ė	.00	\$
FAMILY NURSE PRACTITIONER	0	0	Ė	.00	\$	.00	.000		.00	\$
@TOTAL HOSPITAL	77	383	Š	48,403.92		126.38	.553			•
HOSP INPATIENT TOTAL	3	33	т	37,412.87	т	1133.72	.048		12470.96	т
HSC HOSPITALS	1	1		1,709.00		1709.00	.001		1709.00	
NON-HSC HOSPITAL TOTAL	2	32		35,703.87		1115.75	.046		17851.94	
ACCOMMODATIONS	2	32		34,385.36		1074.54	.046		17192.68	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	32								
	2	0		34,385.36		1074.54	.046		17192.68 659.26	
ANCILLARIES				1,318.51		.00	.000			
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	75	350		10,991.05		31.40	.506		146.55	
MEDICAL	45	60		3,602.36		60.04	.087		80.05	
SURGERY	8	11		582.51		52.96	.016		72.81	
PATHOLOGY	28	98		1,243.54		12.69	.142		44.41	
RADIOLOGY	29	41		2,004.61		48.89	.059		69.12	
ROOM USE	57	65		2,355.33		36.24	.094		41.32	
CROSSOVERS/ALL OTH OUTPTNT	38	75		1,202.70		16.04	.108		31.65	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
	MEDI-CAL SERVICES		DEC MONT		ים∩ח					PA
MOP024	FEE-FOR-SERVICE/I		CES MON	III-OF-FAIMENT KE	FOR	I FOR UAN	2005 11110	שינים	. 2005	I.F.
DEL NORTE COUNTY	SUMMARY OF SERVICE/L		CACEC	TNI DA_FAMTT.TFC		AID CODE	3.8			
THE MOKIE COUNTI	DOMINANT OF BERVIC	LO FOR EDWARDS	CADED	TM LW-LWMITHTED		WID CODE		ייות	THLY AVERA	CF -
692 ELIGIBLES	USERS U	NITS OF SERVICE	7	EXPENDITURES	Z\ 7.7	FRACE COCT	UNITS/DAY			C C
ODZ ETTGIDUD		OR DAYS OF CARE		EVERNOTIONES			PER ELIG		USER	E
		ON DAID OF CARE	_		r E.	C ONTI/DAI	ERK ENIG		Jack	E

@COMMUNITY HOSPITAL TOTAL	77	383	\$	48,403.92	\$	126.38	.553	\$	628.62	\$
COMM HOSP INPATIENT TOTAL	3	33	•	37,412.87	•	1133.72	.048		12470.96	·
HSC HOSPITALS	1	1		1,709.00		1709.00	.001		1709.00	
NON-HSC HOSPITALS TOTAL	2 2	32		35,703.87		1115.75	.046	-	17851.94	
ACCOMMODATIONS	2	32		34,385.36		1074.54	.046		17192.68	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	2	32		34,385.36		1074.54	.046		17192.68	
ANCILLARIES	2	0		1,318.51		.00	.000	-	659.26	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	75	350		10,991.05		31.40	.506		146.55	
	75 45	60				60.04			80.05	
MEDICAL				3,602.36			.087			
SURGERY	8	11		582.51		52.96	.016		72.81	
PATHOLOGY	28	98		1,243.54		12.69	.142		44.41	
RADIOLOGY	29	41		2,004.61		48.89	.059		69.12	
ROOM USE	57	65		2,355.33		36.24	.094		41.32	
CROSSOVERS/ALL OTH OUTPTNT		75		1,202.70		16.04	.108		31.65	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	т	.00	т	.00	.000	т	.00	т
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	ų	.00	ų	.00	.000	۲	.00	Y
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	Ą	.00	Ą		.000	Ą		Ą
	0	0				.00			.00	
INDEPENDENT FACILITY			4	.00	4	.00	.000	4	.00	Å
@LABORATORY FACILITY	25	65	\$	1,185.16	\$	18.23	.094	\$	47.41	\$
PATHOLOGY	25	65		1,185.16		18.23	.094		47.41	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	176	224	\$	26,952.44	\$	120.32	.324	\$	153.14	\$
CLINIC	5	16		284.20		17.76	.023		56.84	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	171	208		26,668.24		128.21	.301		155.95	
#CALIF DEPT OF HEALTH SERV		ICES AND EXPENDITU	IRES MOI	NTH-OF-PAYMENT RE	EPOR'	r for Jan 2	005 THRU	DEC	2005	PP
MOP024	FEE-FOR-SERVIC									
DEL NORTE COUNTY	SUMMARY OF SEF	RVICES FOR EDWARD	S CASE	S IN PA-FAMILIES		AID CODE				
							M	ONTI	HLY AVERA	.GE -
692 ELIGIBLES	USERS	UNITS OF SERVIC	ΈE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S (	COST PER	C
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER	E
@ALL OTHER PROVIDERS	22	154	\$	4,776.29	\$	31.01	.223	\$	217.10	\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	2	85	3,832.73	45.09	.123	1916.37	
AMBULANCES/AIR TRANS	2	83	1,282.73	15.45	.120	641.37	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	2	2	2,550.00	1275.00	.003	1275.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	8	16	132.40	8.28	.023	16.55	
PHYSICAL THERAPIST	2	27	399.49	14.80	.039	199.75	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	9	25	306.67	12.27	.036	34.07	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	2	21	\$ 23,646.97	\$ 1126.05	.030	\$ 11823.49	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

----- MONTHLY AVERAGE -

DEL NORTE COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	43	667 \$	9,263.94	\$ 13.89	9.809 \$	215.44	\$
@PHYSICIANS SERVICES	3	3 \$	84.66	\$ 28.22	.044 \$	28.22	\$
OUTPATIENT VISITS	1	1	62.41	62.41	.015	62.41	
OFFICE VISITS	1	1	62.41	62.41	.015	62.41	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	2	2		22.25		11.13	.029		11.13	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00	
@PHARMACY	24	456	\$	4,540.24	\$	9.96	6.706	\$	189.18	\$
PRESCRIPTION DRUGS	24	72		4,345.64		60.36	1.059		181.07	
SNF/ICF	0	0		.00		.00	.000		.00	
OUTPATIENTS	24	72		4,345.64		60.36	1.059		181.07	
MEDICAL SUPPLIES	2	384		194.60		.51	5.647		97.30	
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00	
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2005 THRU	DEC	2005	PA:
MOP024	FEE-FOR-SERVICE/DENT	TAL .								

DEL NORTE COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

DEE NORTE COURT	DOINGING OF DELICE.	1000 1010	OOT 111 1		THE TIT PERIDE			. 01				
								M	ГИО	THLY AVERA	GE -	
68 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C	
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	
@OPTOMETRIST	1		4	\$	53.61	\$	13.40	.059	\$	53.61	\$	
DIAGNOSTIC AND ANC. PROCED	1		1		.50		.50	.015		.50		
EYE APPLIANCES	1		3		53.11		17.70	.044		53.11		
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
VISITS	0		0		.00		.00	.000		.00		
OTHER SERVICES	0		0		.00		.00	.000		.00		
@PODIATRIST	2		3	\$	104.22	\$	34.74	.044	\$	52.11	\$	
MEDICINE/INJECTIONS	1		1		57.20		57.20	.015		57.20		
SURGERY/ANES.	1		2		47.02		23.51	.029		47.02		
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		
OTHER	0		0		.00		.00	.000		.00		
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
@TOTAL HOSPITAL	7		17	Ŝ	275.00	\$	16.18	.250	\$	39.29	Ś	

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	7	17	275.00	16.18	.250	39.29	
MEDICAL	1	1	63.97	63.97	.015	63.97	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	3	7	86.73	12.39	.103	28.91	
RADIOLOGY	1	1	17.73	17.73	.015	17.73	
ROOM USE	2	2	68.20	34.10	.029	34.10	
CROSSOVERS/ALL OTH OUTPTNT	2	6	38.37	6.40	.088	19.19	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	•
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
•	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR				P.P.

MOP024 FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY

SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR SSI AP	PEAL/	NLDC IN PA-DISABL	ED AI	D CODES 6.	N 6P	וידות∩ו	T.V ZVEDZ	ACF -
68 ELIGIBLES	USERS	UNITS OF SERVIC	'E:	EXPENDITURES	Δ <i>1</i> // F	RAGE COST				. C
00 EDIGIBLES	OBERB	OR DAYS OF CAR		EXTENDITORES			PER ELIC		USER	E
@COMMUNITY HOSPITAL TOTAL	7	17	\$	275.00	\$	16.18	.250		39.29	\$
COMM HOSP INPATIENT TOTAL	0	0	Y	.00	۲	.00	.000	Y	.00	Ÿ
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
	0	0		.00		.00			.00	
ACCOMMODATIONS	0	0					.000			
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0			.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	· ·			.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	7	17		275.00		16.18	.250		39.29	
MEDICAL	1	1		63.97		63.97	.015		63.97	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	3	7		86.73		12.39	.103		28.91	
RADIOLOGY	1	1		17.73		17.73	.015		17.73	
ROOM USE	2	2		68.20		34.10	.029		34.10	
CROSSOVERS/ALL OTH OUTPTNT	2	2 6		38.37		6.40	.088		19.19	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	\$
LEV A-INTERMEDIATE	0	0		.00	'	.00	.000	•	.00	'
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ġ	.00	.000	\$	.00	Ś
ICF DDH	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą
ICF DDH ICF DD	0	0		.00						
	0					.00	.000		.00	
ICF DDN/DDCN		0	à	.00	4	.00	.000	4	.00	à
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ş	.00	\$
HOSPITAL BASED		0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	_	.00		.00	.000		.00	_
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ş	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	2	8	\$	140.18	\$	17.52	.118	\$	70.09	\$
PATHOLOGY	2	8		140.18		17.52	.118		70.09	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	17	22	\$	2,408.89	\$	109.50	.324	\$	141.70	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	17	22		2,408.89		109.50	.324		141.70	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE	/DENTAL								
DEL MODEE COLDIEN	CITANANDIA OF CEDIA	TODO DOD OOT AD	DD3 T /	NI DO TNI DA DICADI		D GODEG C	NT CD			

SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

DEL NORTE COUNTY

<sup>-----</sup> MONTHLY AVERAGE -

68 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	8	154 \$	1,657.14	\$ 10.76	2.265 \$	207.14	\$
DURABLE MED. EQUIP.	1	6	470.16	78.36	.088	470.16	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	8	66.53	8.32	.118	22.18	
PHYSICAL THERAPIST	2	30	349.10	11.64	.441	174.55	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	3	110	771.35	7.01	1.618	257.12	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	1	6 \$	470.16	\$ 78.36	.088 \$	470.16	\$
@XOVER EXCLUDING STATE HOSP**	2	6 \$	38.37	\$ 6.40	.088 \$	19.19	\$
OH MOMATO THE MUNICIPAL PRINCIPAL AND CITY	TONE AC A CODAT	DAME TATEODAGAMION IMPA	/ ONT 37				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DEL NORTE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

AID CODE 1E

SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

----- MONTHLY AVERAGE -USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 21 ELIGIBLES UNITS OF SERVICE USER OR DAYS OF CARE PER UNIT/DAY PER ELIG E @TOTAL, ALL PROVIDERS 33 1,878 17,367.53 \$ 9.25 89.429 \$ 526.29 7.77 15.53 @PHYSICIANS SERVICES 1 15.53 .095 \$ \$ .00 .00 .000 .00 OUTPATIENT VISITS Ω .00 .00 .000 .00 OFFICE VISITS HOME VISITS .00 .00 .000 .00 .00 .00 .000 .00 EMERGENCY ROOM .00 .000 PREVENTIVE CARE .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .000 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	1	2		15.53	4.	7.77	.095	4.	15.53	4.
@PHARMACY	22		\$	4,623.77	\$	70.06	3.143	\$	210.17	\$
PRESCRIPTION DRUGS	21	60		4,512.72		75.21	2.857		214.89	
SNF/ICF	7	29		2,182.33		75.25	1.381		311.76	
OUTPATIENTS	14	31		2,330.39		75.17	1.476		166.46	
MEDICAL SUPPLIES	2	6		111.05		18.51	.286		55.53	
@DENTIST	0		\$	.00	\$	.00	.000	\$	.00	\$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00	
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0		.00	D0D#	.00	.000	D= ~	.00	D.7
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	CES AND EXPENDITURE	S MONTH	I-OF-PAYMENT RE	POR.I.	FOR JAN	2005 THRU	DEC	2005	PΑ
DEL NORTE COUNTY		, VICES FOR CRAIG CA	SES- AG	ED IN PA-AGED		AID COD	E 1E			
							M		HLY AVERA	GE -
21 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	'UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00	
EYE APPLIANCES	0	0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$

	NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
	NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$
	PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$
	FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$
(	TOTAL HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$
	HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00	
	HSC HOSPITALS	0		0		.00		.00	.000		.00	
	NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00	
	ACCOMMODATIONS	0		0		.00		.00	.000		.00	
	ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
	TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
	ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
	ANCILLARIES	0		0		.00		.00	.000		.00	
	INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	
	ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
	HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00	
	MEDICAL	0		0		.00		.00	.000		.00	
	SURGERY	0		0		.00		.00	.000		.00	
	PATHOLOGY	0		0		.00		.00	.000		.00	
	RADIOLOGY	0		0		.00		.00	.000		.00	
	ROOM USE	0		0		.00		.00	.000		.00	
	CROSSOVERS/ALL OTH OUTPTNT	0		Ö		.00		.00	.000		.00	
(	COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	Ś	.00	\$
	CO HOSPITAL INPATIENT TOTAL	0		0	۲	.00	Υ	.00	.000	۲	.00	۲
	HSC HOSPITALS	0		0		.00		.00	.000		.00	
	NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	
	ACCOMMODATIONS	0		0		.00		.00	.000		.00	
	ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
	TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
	ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
	ANCILLARIES	0		0		.00		.00	.000		.00	
	INPATIENT CROSSOVERS	0		0		.00		.00	.000			
	ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
		0		0		.00						
	CO HOSP OUTPATIENT TOTAL MEDICAL	0		0		.00		.00	.000		.00	
		0		0		.00			.000		.00	
	SURGERY	0		0		.00		.00	.000		.00	
	PATHOLOGY	0		0				.00	.000		.00	
	RADIOLOGY	0		0		.00			.000		.00	
	ROOM USE	0		0		.00		.00	.000		.00	
1	CROSSOVERS/ALL OTH OUTPTNT			-	TO MO	.00.		.00	.000	חחמ	.00	PΑ
	CALIF DEPT OF HEALTH SERV			ENDITOR	ES MO.	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2005 THRU	DEC	2005	PP.
		FEE-FOR-SERVIC	,	anata a	17 000	ACED IN DA ACED		7 TD (10D)	1 1 11			
	DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR	CRAIG C	ASES-	AGED IN PA-AGED	,	AID CODE		וחות בי	ע כובוגע אינובירא	CE.
	21 ELICIDIEC	USERS	UNITS OF	CEDITO	1	EXPENDITURES	7/ 7/ 7/ 7/		UNITS/DAY			.GE -
	21 ELIGIBLES	USEKS				EXPENDITURES			,			
_		0	OR DAYS			0.0			PER ELIG		USER	E
(0	COMMUNITY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	Ş	.00	\$
	COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00	
	HSC HOSPITALS	Ü		0		.00		.00	.000		.00	
	NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	
	ACCOMMODATIONS	0		0		.00		.00	.000		.00	
	ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
	TRANSTITIONAL TO CARE	0		Λ		0.0		0.0	0.00		$\cap$	

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TRANSITIONAL IP CARE ALL OTHER ACCOM

ANCILLARIES

0

0

0

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	6	105	\$ 12,249.16	\$ 116.66	5.000	\$ 2041.53	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	6	105	12,249.16	116.66	5.000	2041.53	
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PATHOLOGY	0	0	.00	.00	.000	.00	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	2	3	\$ 78.60	\$ 26.20	.143	\$ 39.30	\$
CLINIC	0	0	.00	.00	.000	.00	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	

RURAL HEALTH CLINIC 2 3 78.60 26.20 .143 39.30 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

MOP024

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

					MO	NTHLY AVERA	AGE -
21 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	6	1,702 \$	400.47	\$ .24	81.048	\$ 66.75	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	1	54	102.90	1.91	2.571	102.90	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	1	54	102.90	1.91	2.571	102.90	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	5	1,648	297.57	.18	78.476	59.51	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	6	24 \$	239.58	\$ 9.98	1.143	\$ 39.93	\$
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPA	RATE INFORMATION ITEM O	NLY;				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

DEE NORTE COOKII	DOINGHEE OF DESCRIPTION	DED I OIL CIUITE CIID	LO DEINE IN IN DEIN	D 111D COD			
					MON	THLY AVERA	AGE -
01 ELIGIBLES	USERS (	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT VISITS	0		0	.00	.00	.000	.00	
HOSPITAL VISITS	0		0	.00	.00	.000	.00	
CRITICAL CARE	0		0	.00	.00	.000	.00	
	0							
SNF/ICF/TRANS IP CARE	Ü		0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	
EXAMINATIONS	0		0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	
	0		0					
INPATIENT HOSPITAL SURGERY	Ü		-	.00	.00	.000	.00	
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	
	0		0		.00		.00	
OUTPATIENT SURGERY	Ü		•	.00		.000		
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	
DIALYSIS	0		0	.00	.00	.000	.00	
	0		-					
PATHOLOGY	0		0	.00	.00	.000	.00	
RADIOLOGY	0		0	.00	.00	.000	.00	
PSYCHIATRY	0		0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0		0	.00	.00	.000	.00	
	0							
OTHER SERVICES/ALL X-OVERS	0		0	.00	.00	.000	.00	_
@PHARMACY	0		0 \$	.00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0		0	.00	.00	.000	.00	
SNF/ICF	0		0	.00	.00	.000	.00	
·	0		0					
OUTPATIENTS	Ü			.00	.00	.000	.00	
MEDICAL SUPPLIES	0		0	.00	.00	.000	.00	
@DENTIST	0		0 \$	.00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0		0	.00	.00	.000	.00	·
ORAL SURGERY	0		0	.00	.00	.000	.00	
	0		-					
DRUGS	0		0	.00	.00	.000	.00	
ANESTHESIA	0		0	.00	.00	.000	.00	
PERIODONTICS	0		0	.00	.00	.000	.00	
ENDODONTICS	0		0	.00	.00	.000	.00	
	0		0					
RESTORATIVE DENTISTRY	Ü		Ü	.00	.00	.000	.00	
PROSTHETICS	0		0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0		0	.00	.00	.000	.00	
SPACE MAINTAINERS	0		0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0		0	.00	.00	.000	.00	
	0		-					
FRACTURES, DISLOCATIONS	0		0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0		0	.00	.00	.000	.00	
ALL OTHER SERVICES	0		0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV		ES AND EXI		MONTH-OF-PAYMENT RE				PA
••				MONTH OF LATERNI KI	LIONI FOR OAN 2	2005 IIIKO D		L F.
MOP024	FEE-FOR-SERVICE		~~~~					
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR	CRAIG CASE	S- BLIND IN PA-BLIN	ND AID CODE			
						MC	NTHLY AVERA	AGE -
01 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
VI 111011110	002110	OR DAYS			PER UNIT/DAY		USER	Ē
		OK DAIS	OF CARE		LEK ONII/DAX	PEK ELIG	ODEK	. E

					1.10		11111 1111111111	.01
USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER	C
	OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	E
0	0	\$ .00	\$	.00	.000	\$	.00	\$
0	0	.00		.00	.000		.00	
0	0	.00		.00	.000		.00	
0	0	.00		.00	.000		.00	
0	0	\$ .00	\$	.00	.000	\$	.00	\$
0	0	.00		.00	.000		.00	
0	0	.00		.00	.000		.00	
0	0	\$ .00	\$	.00	.000	\$	.00	\$
	USERS 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE  0 0 \$ 0 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$	OR DAYS OF CARE  0	OR DAYS OF CARE  0	OR DAYS OF CARE  0	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER UNIT/DAY         PER UNIT/DAY           0         0         \$         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         \$         .00         .00         .00           0         0         \$         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS PER UNIT/DAY         PER UNIT/DAY           0 <td< td=""><td>OR DAYS OF CARE         PER UNIT/DAY PER ELIG         USER           0         0         \$ .00         \$ .00         \$ .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         \$ .00         \$ .00         .00         .00         .00           0         0         \$ .00         \$ .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00</td></td<>	OR DAYS OF CARE         PER UNIT/DAY PER ELIG         USER           0         0         \$ .00         \$ .00         \$ .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         \$ .00         \$ .00         .00         .00         .00           0         0         \$ .00         \$ .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	Û	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	Ġ.	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	ن ب	.00	\$	.00	.000	\$	.00	\$
	0	0	ب ب							
PEDIATRIC NURSE PRACTITIONER	0		Ş	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	U	0	Ş	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	ė.	.00	\$	.00		\$		\$
	0		\$		Þ			P		Þ
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV		ICES AND EXPENDITU	TRES MO		ZPORT			DEC :		PA
MOP024	FEE-FOR-SERVI		JICED II	311111 01 11111111111 101	JI 01(I	1011 0111 2	.005 111110	DLC .	2005	
DEL NORTE COUNTY		RVICES FOR CRAIG	CACEC.	- RITND TN DN-RITN	JD.	AID CODE	. JE			
DEE NORTE COONTI	DOMMANT OF DE	OLAND NOT CLEAN	CADED	DEIND IN IA DEII	עוי	AID CODE	M	וחתית	T.V 717FD7	CF _
01 ELIGIBLES	USERS	UNITS OF SERVIC	∼⊏	EXPENDITURES	7/1/17/1	RAGE COST				C
OI HUIGIDHED	CMECO	OR DAYS OF CAR		EM EMPTIONES		UNIT/DAY			USER	E
@COMMUNITY HOSPITAL TOTAL	0	OR DAIS OF CAP	\$	.00	\$	.00	.000		.00	
COMM HOSP INPATIENT TOTAL	0	0	ې	.00	۲	.00	.000	۲	.00	۲
		0								
HSC HOSPITALS	0	U		.00		.00	.000		.00	

.00

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.000

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NON-HSC HOSPITALS TOTAL

ACCOMMODATIONS	0	0	.00	.00	.000	.00
	0	0		.00		
ADMINISTRATIVE DAYS		~	.00		.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	Û	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
	0	0				
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	Ü	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	Û	0 \$	.00	\$ .00	.000 \$	.00 \$
LEV A-INTERMEDIATE	0	0 \$	.00	.00	.000	.00
	0	0				
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00 \$
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$
	0	· ·		•		·
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00 \$
CLINIC CLINIC	0	0 5	.00	.00	.000	.00
	0	0	.00			
SURGICENTER	0	0		.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES MO	ONTH-OF-PAYMENT REP	PORT FOR JAN 2	2005 THRU DEC	2005 PA
MOP024	FEE-FOR-SERVICE/DENTAL					
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	CRAIG CASES-	- BLIND IN PA-BLIND	AID CODE	E 2E	
					MONTH	ILY AVERAGE -
01 ELIGIBLES	USERS UNITS OF	F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS C	COST PER C
		S OF CARE		PER UNIT/DAY		USER E
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
	0	0				
BLOOD BANK	<u> </u>	~	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	Λ	Λ	0.0	0.0	000	0.0

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.00

OTHER TRANS

OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$
O4 MOMATO TAL MUDOD LINDO ADD CITYDA	7	NITIO DATA TITO A CATE OF				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

							M	CNO	THLY AVERA	GE -
111 ELIGIBLES	USERS	UNITS OF SERVIO	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CAR	RE		PER	UNIT/DAY	PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	185	2,112	\$	61,900.43	\$	29.31	19.027	\$	334.60	\$
@PHYSICIANS SERVICES	22	45	\$	1,292.81	\$	28.73	.405	\$	58.76	\$
OUTPATIENT VISITS	5	7		228.20		32.60	.063		45.64	
OFFICE VISITS	5	7		228.20		32.60	.063		45.64	

HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0 0	.00	.00	.000	.00	
INPATIENT VISITS	3	5	189.25	37.85	.045	63.08	
HOSPITAL VISITS	3	5	189.25	37.85	.045	63.08	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	38.43	38.43	.000	38.43	
	1	1	38.43	38.43			
EXAMINATIONS	1	1			.009	38.43	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00		.00	
OUTPATIENT SURGERY	1	1	275.32	275.32	.009	275.32	
PRINCIPAL SURGEON	1	1	275.32	275.32	.009	275.32	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	4	5	18.07	3.61	.045	4.52	
RADIOLOGY	11	19	463.37	24.39	.171	42.12	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	4	7	80.17	11.45	.063	20.04	
@PHARMACY	124	798 \$	41,444.08		7.189		\$
PRESCRIPTION DRUGS	121	406	40,747.00	100.36	3.658	336.75	۲
SNF/ICF	4	16	1,231.52	76.97	.144	307.88	
OUTPATIENTS	117	390	39,515.48	101.32	3.514	337.74	
MEDICAL SUPPLIES	6	392	697.08	1.78	3.532	116.18	
@DENTIST	0	0 \$	.00	\$ .00	.000		\$
	0						Ą
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	· ·	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2005 THRU	DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DEN						

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

					MON	THLY AVERA	GE -
111 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@OPTOMETRIST	1	5 \$	100.56	\$ 20.11	.045 \$	100.56	\$
DIAGNOSTIC AND ANC. PROCED	1	2	47.45	23.73	.018	47.45	
EYE APPLIANCES	1	3	53.11	17.70	.027	53.11	

OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.009	\$	16.72	\$
VISITS	1	1		16.72		16.72	.009		16.72	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	1	1	\$	25.27	\$	25.27	.009	\$	25.27	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000	·	.00	·
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	1	1		25.27		25.27	.009		25.27	
@HOME HEALTH AGENCY	1	6	Ġ	303.35	\$	50.56	.054	Ġ	303.35	Ġ
NURSE ANESTHESIST	1	5	٠ ب	73.94	ب ب				73.94	ب ب
	1	0	Ş		Ş	14.79	.045			Ş
NURSE MIDWIFE	0		Ş	.00	Ş	.00	.000		.00	Ş
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000		.00	Ş
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000		.00	Ş
@TOTAL HOSPITAL	23	140	\$	9,435.32	\$	67.40	1.261	\$		\$
HOSP INPATIENT TOTAL	1	5		6,033.68		1206.74	.045		6033.68	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	1	5		6,033.68		1206.74	.045		6033.68	
ACCOMMODATIONS	1	5		2,755.36		551.07	.045		2755.36	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	1	5		2,755.36		551.07	.045		2755.36	
ANCILLARIES	1	0		3,278.32		.00	.000		3278.32	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
	22	135								
HOSP OUTPATIENT TOTAL				3,401.64		25.20	1.216		154.62	
MEDICAL	9	15		909.14		60.61	.135		101.02	
SURGERY	2	2		101.10		50.55	.018		50.55	
PATHOLOGY	16	73		843.92		11.56	.658		52.75	
RADIOLOGY	5	11		520.10		47.28	.099		104.02	
ROOM USE	6	10		461.76		46.18	.090		76.96	
CROSSOVERS/ALL OTH OUTPTNT	11	24		565.62		23.57	.216		51.42	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
	0	0								
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDIT	URES M	MONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES	S- DISABLED IN PA-1	DISA	BLED AID CO	DE 6E			
							N	ידוא	HIV VILD	GE -

SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E ----- MONTHLY AVERAGE -

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C 111 ELIGIBLES

		OR DAYS OF CARE			DEL	R UNIT/DAY	DED FI.TC		USER	E
@COMMUNITY HOSPITAL TOTAL	23	140	\$	9,435.32	\$	67.40	1.261	Ġ	410.23	\$
COMM HOSP INPATIENT TOTAL	1	5	т	6,033.68	τ	1206.74	.045	т	6033.68	т
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	1	5		6,033.68		1206.74	.045		6033.68	
ACCOMMODATIONS	1	5		2,755.36		551.07	.045		2755.36	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	1	5		2,755.36		551.07	.045		2755.36	
ANCILLARIES	1	5 0		3,278.32		.00	.000		3278.32	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	22	135		3,401.64		25.20	1.216		154.62	
MEDICAL	9	15		909.14		60.61	.135		101.02	
SURGERY	2	2		101.10		50.55	.018		50.55	
PATHOLOGY	16	73		843.92		11.56	.658		52.75	
RADIOLOGY	5	11		520.10		47.28	.099		104.02	
ROOM USE	6	10		461.76		46.18	.090		76.96	
CROSSOVERS/ALL OTH OUTPTNT		24		565.62		23.57	.216		51.42	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0	'	.00	•	.00	.000	'	.00	'
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	2	28	\$	3,550.40	\$	126.80	.252	\$	1775.20	\$
LEV A-INTERMEDIATE	0	0	'	.00	•	.00	.000	'	.00	'
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	2	28		3,550.40		126.80	.252		1775.20	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	•	.00	·	.00	.000		.00	•
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	2	8	\$	97.16	\$	12.15	.072	\$	48.58	\$
PATHOLOGY	2	8		97.16		12.15	.072		48.58	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	28	40	\$	4,038.17	\$	100.95	.360	\$	144.22	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	28	40		4,038.17		100.95	.360		144.22	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	005 THRU 1	DEC	2005	PΑ
MOP024	FEE-FOR-SERVICE									
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR CRAIG C	ASES-	- DISABLED IN PA-I	DISAE					
					_		MO			
111 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST	,			C
OLI OFFIED DROTTES	4.5	OR DAYS OF CARE		4 = 00 4=		R UNIT/DAY			USER	E
@ALL OTHER PROVIDERS	19	1,035	\$	1,522.65	\$	1.47	9.324	Ş	80.14	Ş
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	

BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	2	6	154.80	25.80	.054	77.40	
AMBULANCES/AIR TRANS	2	6	154.80	25.80	.054	77.40	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	6	59.33	9.89	.054	19.78	
PHYSICAL THERAPIST	1	2	51.88	25.94	.018	51.88	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	3	79	648.85	8.21	.712	216.28	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	12	942	607.79	.65	8.486	50.65	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	١
@XOVER EXCLUDING STATE HOSP**	14	42 \$	581.53 \$	13.85	.378 \$	41.54 \$	١
⊕★ TOTALS IN THESE LINES ARE CIVEN	λς λ ςΕρλρλτΕ	TMEODMATTOM TTEM ONLY.					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

DEE NORTE COOKII	DOINGING OF DELICE	TODO TON CHAILS CHOLD	1011111 111 1011	·			
					MON	NTHLY AVERA	GE -
133 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	218	3,990 \$	79,267.96	\$ 19.87	30.000 \$	363.61	\$
@PHYSICIANS SERVICES	23	47 \$	1,308.34	\$ 27.84	.353 \$	56.88	\$
OUTPATIENT VISITS	5	7	228.20	32.60	.053	45.64	
OFFICE VISITS	5	7	228.20	32.60	.053	45.64	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	3	5	189.25	37.85	.038	63.08	
HOSPITAL VISITS	3	5	189.25	37.85	.038	63.08	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	38.43	38.43	.008	38.43	
EXAMINATIONS	1	1	38.43	38.43	.008	38.43	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	1	275.32	275.32	.008	275.32	
PRINCIPAL SURGEON	1	1	275.32	275.32	.008	275.32	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	4	5	18.07	3.61	.038	4.52	
RADIOLOGY	11	19	463.37	24.39	.143	42.12	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	5	9	95.70	10.63	.068	19.14	
@PHARMACY	146	864	\$ 46,067.85	53.32	6.496	\$ 315.53	\$
PRESCRIPTION DRUGS	142	466	45,259.72	97.12	3.504	318.73	
SNF/ICF	11	45	3,413.85	75.86	.338	310.35	
OUTPATIENTS	131	421	41,845.87	99.40	3.165	319.43	
MEDICAL SUPPLIES	8	398	808.13	2.03	2.992	101.02	
@DENTIST	0	0	\$ .00	.00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT REPO	RT FOR JAN	2005 THRU	DEC 2005	PA
MODO24	PER POD CEDITACE /DEME	ד או					

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -

133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST R UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	1	5 \$	100.56	\$ 20.11	.038 \$	100.56	\$
DIAGNOSTIC AND ANC. PROCED	1	2	47.45	23.73	.015	47.45	
EYE APPLIANCES	1	3	53.11	17.70	.023	53.11	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	1	1 \$	16.72	\$ 16.72	.008 \$		\$
VISITS	1	1	16.72	16.72	.008	16.72	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	1	1 \$	25.27	\$ 25.27	.008 \$		\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	1	1	25.27	25.27	.008	25.27	
@HOME HEALTH AGENCY	1	1 6 \$ 5 \$ 0 \$	303.35	\$ 50.56	.045 \$	303.35	\$
NURSE ANESTHESIST	1	5 \$	73.94	\$ 14.79	.038 \$	73.94	\$
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$
FAMILY NURSE PRACTITIONER		0 \$	.00	.00	.000 \$	.00	\$
@TOTAL HOSPITAL	23	140 \$	9,435.32	\$ 67.40	1.053 \$	410.23	\$
HOSP INPATIENT TOTAL	1	5	6,033.68	1206.74	.038	6033.68	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	1	5	6,033.68	1206.74	.038	6033.68	
ACCOMMODATIONS	1	5	2,755.36	551.07	.038	2755.36	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	5 0 5 5 0 0 5	2,755.36	551.07	.038	2755.36	
ANCILLARIES	1	0	3,278.32	.00	.000	3278.32	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	22	135	3,401.64	25.20	1.015	154.62	
MEDICAL	9	15	909.14	60.61	.113	101.02	
SURGERY	2	2	101.10	50.55	.015	50.55	
PATHOLOGY	16	73	843.92	11.56	.549	52.75	
RADIOLOGY	5	11	520.10	47.28	.083	104.02	
ROOM USE	6	10	461.76	46.18	.075	76.96	
	11	24	565.62	 23.57	.180	51.42	1.
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0 0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
CKODDOVEKD/ADD OTH OUTFINI	U	O	.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

| Table | Tabl ----- MONTHLY AVERAGE -UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C E 0 11 6 10 11 24 0 0 0 0 0 0 0 0 8 133 0 0 .000 S @STATE HOSPITAL .00 .00 .000 MENTALLY ILL .00 .00 MENTALLY ILL
DEVELOP. DISABLED
@NURSING FACILITY
LEV A-INTERMEDIATE
LEV B-REHAB MD .00 .00 15,799.56 1.000 \$ 1974.95 .00 .00 .00 .00 .000 .00 .000 .00 .000 .00 .000 .00 1.000 1974.95 .00 .00 .00 .00 .00 .00 15,799.56 118.79 .00 \$ .00 .00 .00 .000 .00 .00 .000 .00 .000 .00 .00 .00 \$ .00 .000 \$ .00 .00 .00 .000 .00 .00 .00 .00 \$ .00 .000 .00 .000 \$ .00 .00 .00 . 000 .00 0 8 8 0 43 .00 .00 . 000 .00 97.16 \$ 12.15 .060 \$ 48.58 12.15 .00 97.16 .060 48.58 .00 4,116.77 \$ XO AND OTHERS 0
@ORGANIZED OUTPATIENT CLINIC 30 .00 .000 .00 95.74 .323 \$ 137.23 
 CLINIC
 0
 0
 .00
 .00

 SURGICENTER
 0
 0
 .00
 .00

 HEROIN DETOX CLINIC
 0
 0
 .00
 .00

 RURAL HEALTH CLINIC
 30
 43
 4,116.77
 95.74
 .000 .00 .00 .000 .000 .00 .323 137.23 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024

----- MONTHLY AVERAGE -

133 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(
100 111011111	002110	OR DAYS OF CARE		PER UNIT/DAY		USER	Ē
@ALL OTHER PROVIDERS	25	2,737 \$	1,923.12	\$ .70	20.579 \$		\$
DURABLE MED. EQUIP.	0	, 0	.00	.00	.000	.00	·
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	60	257.70	4.30	.451	85.90	
AMBULANCES/AIR TRANS	2	6	154.80	25.80	.045	77.40	
OTHER TRANS	1	54	102.90	1.91	.406	102.90	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	6	59.33	9.89	.045	19.78	
PHYSICAL THERAPIST	1	2	51.88	25.94	.015	51.88	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	3	79	648.85	8.21	.594	216.28	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	17	2,590	905.36	.35	19.474	53.26	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$
@XOVER EXCLUDING STATE HOSP**	20	66 \$	821.11	\$ 12.44	.496 \$	41.06	\$
⊕+ TOTALC IN THECE I INEC ADE CIT	TENT AC A CEDAD	ATE TATEODMATTON THE	M ONT V.				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

222 1.01122 0001121	201111111 01 211		 1 1 2 2				
					MON	THLY AVERA	.GE -
91,478 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	64,372	790,433	\$ 29,143,719.02	\$ 36.87	8.641 \$	452.74	\$
@PHYSICIANS SERVICES	11,311	27,596	\$ 1,024,508.34	\$ 37.13	.302 \$	90.58	\$
OUTPATIENT VISITS	2,423	3,111	120,818.47	38.84	.034	49.86	
OFFICE VISITS	2,026	2,497	91,098.65	36.48	.027	44.96	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	296	350	19,969.24	57.05	.004	67.46	
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	
OB VISITS/COMPRE PERI	54	176	6,822.10	38.76	.002	126.34	
OTHER OUTPATIENT	82	87	2,873.65	33.03	.001	35.04	
INPATIENT VISITS	293	1,183	93,441.66	78.99	.013	318.91	
HOSPITAL VISITS	239	693	31,689.47	45.73	.008	132.59	
CRITICAL CARE	52	472	61,030.49	129.30	.005	1173.66	
SNF/ICF/TRANS IP CARE	18	18	721.70	40.09	.000	40.09	

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OPHTHALMOLOGICAL SERVICES	190	256		9,636.51		37.64	.003		50.72	
EXAMINATIONS	190	256		9,636.51					50.72	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
		1,290				103.19	.014		513.95	
INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON	187	253		133,112.33 110,349.98		436.17				
ASSISTANT SURGEON	187	23 23		110,349.98		183.34	.003		590.11 183.34	
ASSISIANI SURGEUN	23			4,216.85		10.34	.000			
ANESTHESIOLOGIST	74	1,014		18,545.50		18.29 94.49	.011		250.61	
OUTPATIENT SURGERY	187 23 74 738 681 4 73 18 563 5,731	1,771		18,545.50 167,344.76 153,685.69		94.49	.019		226.75	
PRINCIPAL SURGEON	681	858		153,685.69		179.12	.009		225.68	
ASSISTANT SURGEON	4	4		360.02		90.01	.000		90.01	
ANESTHESIOLOGIST	73	909		13,299.05 4,366.50		14.63 80.86	.010		182.18	
DIALYSIS	18	54		4,366.50		80.86			242.58	
PATHOLOGY	563			19,616.31		17.82			34.84	
RADIOLOGY	5,731	8,920		223,130.97		25.01	.098		38.93	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	107	1,096		61,960.29		56.53			579.07	
OTHER SERVICES/ALL X-OVERS	3,094	8,814		191,080.54		21.68 29.46 88.61	.096		61.76	
@PHARMACY	37,034	396,142 128,707	\$	11,670,537.28	\$	29.46	4.330	\$		\$
PRESCRIPTION DRUGS	3,094 37,034 36,075	128,707		11,670,537.28 11,404,573.05 452,741.58		88.61	1.407		316.14	
SNF/ICF	755	6,218		452,741.58		72.81	.068		599.66	
OUTPATIENTS	35,331	122,489		10,951,831.47		89.41	1.339		309.98	
MEDICAL SUPPLIES	2,532	267,435		265,964.23		89.41 .99	2.923		105.04	
@DENTIST	775	4,090	\$	175,719.25	\$	42.96	.045	\$	226.73	\$
PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	577	2,130		32,970.00		15.48	.023		57.14	
ORAL SURGERY	173	1,070		64,878.00		60.63 3.00	.012		375.02	
DRUGS	7	10		30.00		3.00	.000		4.29	
ANESTHESIA	72	73		6,900.00		94.52	.001		95.83	
PERIODONTICS	12	13		726.00 4,118.00 24,252.50		55.85	.000		60.50	
ENDODONTICS	29	40		4,118.00		102.95 48.12	.000		142.00	
RESTORATIVE DENTISTRY	159	504		24,252.50		48.12	.006		152.53	
PROSTHETICS	4	4		105.00		26.25	.000		26.25	
DENTURES, STAYPLATES	95	144		36,106.00		250.74	.002		380.06	
SPACE MAINTAINERS	0	0		36,106.00 .00		250.74 .00	.000		.00	
MAXILLOFACIAL SERVICES	4 95 0 18	22		1,050.00		47.73	.000		58.33	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	39	44		4,227.50		96.08	.000		108.40	
ALL OTHER SERVICES	38	36		356.25		9.90	.000		9.38	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI		RES N	MONTH-OF-PAYMENT RI	EPOR:			DEC	2005	PA
MOP024	FEE-FOR-SERVIC									
DEL NORTE COUNTY		VICES FOR TOTAL	CERT	IFIED						
							M	TNO	HLY AVERA	GE -
91,478 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY			C
· , · ·		OR DAYS OF CAR					PER ELIG		USER	Ē

@OPTOMETRIST 1,633 88,676.44 19.16 .051 \$ 4,629 54.30 DIAGNOSTIC AND ANC. PROCED 41,099.06 25.32 .018 40.33 1,019 1,623 15.83 EYE APPLIANCES 46,922.60 .032 43.45 1,080 2,964 OTHER OPTOMETRIC SERVICES 28 15.59 .000 23.39 42 654.78 @CHIROPRACTOR 781 16.59 .009 \$ 502 12,957.76 25.81 VISITS 472 734 12,201.42 16.62 .008 25.85 OTHER SERVICES 30 47 756.34 16.09 .001 25.21 @PODIATRIST 696 15,475.38 22.23 .008 34.85 444 MEDICINE/INJECTIONS 240 300 9,719.90 32.40 .003 40.50 SURGERY/ANES. 16 53.82 .000 78.28 11 861.04 RADIO./PATHOLOGY 29 42 731.82 17.42 .000 25.24 OTHER 193 338 4,162.62 12.32 .004 21.57

@HOME HEALTH AGENCY	67	916	\$	56,199.97	Ś	61.35	.010	\$	838.81	\$
NURSE ANESTHESIST	493	2,628	Ė	52,389.41		19.94	.029		106.27	\$
NURSE MIDWIFE	183	406	\$	70,856.44		174.52	.004		387.19	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00		.00	.000		.00	\$
FAMILY NURSE PRACTITIONER	5	9	\$	168.56	\$	18.73	.000	\$	33.71	\$
@TOTAL HOSPITAL	14,034	73,907	\$	8,845,063.37	\$	119.68	.808	\$	630.26	\$
HOSP INPATIENT TOTAL	1,113	3,152	·	6,474,393.24		2054.06	.034	·	5817.06	·
HSC HOSPITALS	62	365		559,951.55		1534.11	.004		9031.48	
NON-HSC HOSPITAL TOTAL	671	2,787		5,664,568.89		2032.50	.030		8441.98	
ACCOMMODATIONS	671	2,787		2,231,929.73		800.84	.030		3326.27	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	671	2,787		2,231,929.73		800.84	.030		3326.27	
ANCILLARIES	670	0		3,432,639.16		.00	.000		5123.34	
INPATIENT CROSSOVERS	386	0		249,872.80		.00	.000		647.34	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	13,524	70,755		2,370,670.13		33.51	.773		175.29	
MEDICAL	5,957	9,467		585,729.56		61.87	.103		98.33	
SURGERY	1,184	1,524		89,583.67		58.78	.017		75.66	
PATHOLOGY	5,051	20,196		250,537.63		12.41	.221		49.60	
RADIOLOGY	4,501	6,427		457,571.32		71.20	.070		101.66	
ROOM USE	7,025	10,853		414,992.22		38.24	.119		59.07	
CROSSOVERS/ALL OTH OUTPTNT	7,094	22,288		572,255.73		25.68	.244		80.67	
@COUNTY HOSPITAL TOTAL	29	110	\$	11,149.47	\$	101.36	.001	\$	384.46	\$
CO HOSPITAL INPATIENT TOTAL	2	7		8,120.00		1160.00	.000		4060.00	
HSC HOSPITALS	2	7		8,120.00		1160.00	.000		4060.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	27	103		3,029.47		29.41	.001		112.20	
MEDICAL	8	9		420.61		46.73	.000		52.58	

SURGERY	4	7	193.96	27.71	.000	48.49
PATHOLOGY	9	32	554.20	17.32	.000	61.58
RADIOLOGY	3	6	145.77	24.30	.000	48.59
ROOM USE	12	20	898.96	44.95	.000	74.91
CROSSOVERS/ALL OTH OUTPTNT	14	29	815.97	28.14	.000	58.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005
MOP024	FEE-FOR-SERVICE/DENTA	L				
DEL NORTE COUNTY	SUMMARY OF SERVICES F	OR TOTAL CER	rifieD			

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#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2005 THRU	DEC	2005	PA
MOPO24	FEE-FOR-SERVIC	EVICES FOR TOTAL C		TTD						
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR TOTAL C.	ERTIE				Nπ	$\bigcirc$ NTU	THLY AVERA	CE.
91,478 ELIGIBLES	IICEDC	UNITS OF SERVICE		EXPENDITURES	7\ \ 7			G OM 1		C C
91,478 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	CAICU	ON DAYS OF CARE		EXPENDITORES	ΑV	R UNIT/DAY	ONIIS/DAI		USER	E
@COMMINITEN HOCDITAL TOTAL	14 011	OR DAIS OF CARE	بع	0 022 012 00	<u>۲</u>	R UNII/DAI	.807			
COMM HOCD INDATIFATE TOTAL	14,011	73,797	Ą	6,033,913.90	Ą	2056 05	.034	Ą	5814.99	Ą
UCC UCCDITALC	1,112	3,143		6,466,2/3.24 EE1 001 EE		2030.03 1E41 43	.004		9197.19	
NON HEG HOCDITALE TOTAL	60 671	2 7 9 7		551,631.55		1041.43	.030		8441.98	
NON-DSC DOSPITALS TOTAL	0/1 671	2,707		2 221 020 72		2032.30	.030		3326.27	
ACCOMMODALIONS	0/1	2,707		2,231,929.73		000.04	.000		.00	
ADMINISTRALIVE DATA	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0 671	2 7 9 7		2 221 020 72		000 04	.030		3326.27	
ALL OTHER ACCOM	671	2,787		2,231,929.73		800.84	.000		5123.34	
ANCILLARIES	670	0		3,432,639.16		.00	.000			
INPALLENT CRUSSUVERS	386	0		249,872.80		.00	.000		647.34	
ALL OTHER INPATIENT	12 501	70 (5)		.00		.00	.000 .772		.00	
MIDICAL	13,501	70,652		2,367,640.66		33.51	.//2		175.37	
MEDICAL	5,949	9,458		585,308.95		61.89	.103		98.39	
SURGERY	1,180	1,51/		89,389.71		58.93 12.40 71.24	.017		75.75	
PARTOLOGY	5,043	20,164		249,983.43					49.57	
RADIOLOGY	4,498	70,652 9,458 1,517 20,164 6,421 10,833 22,259		457,425.55		71.24 38.23 25.67	.070		101.70	
ROOM USE	7,014	10,833		414,093.26 571,439.76 256,167.95		38.23	.118		59.04	
CROSSOVERS/ALL OTH OUTPINT	7,081	22,259		571,439.76	_	25.67	.243		80.70	
@STATE HOSPITAL	12	365	Ş	230,107.93	\$	701.03			21347.33	Ş
MENTALLY ILL	0	0		.00		.00	.000			
DEVELOP. DISABLED	12	365	\$	256,167.95		701.83	.004		21347.33	4.
@NURSING FACILITY	7.70	17,931	Ş	2,233,860.23	Ş	124.58		Ş	2901.12	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00 4,640.56 .00		.00	.000		.00 4640.56 .00	
LEV B-SUBACUTE HSPTL BASED	1	8		4,640.56		580.07	.000		4640.56	
LEV B-TRANSITIONAL IP CARE	0	0		4,640.56 .00 2,229,219.67 .00		.00				
LEV B-REGULAR	769	17,923		2,229,219.67		124.38	.196		2898.86	4.
@INTERMEDIATE CARE FACILDD	0	0	Ş	.00	\$		.000	Ş	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	4.
@HEMODIALYSIS TOTAL	45	253	\$	36,309.28	\$	143.51	.003	\$	806.87	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	45	253		36,309.28		143.51	.003		806.87	
@REHABILITATION FACILITY	41	216	\$	5,861.44	\$	27.14	.002	\$	142.96	\$
HOSPITAL BASED	40	213		5,797.87		27.22	.002		144.95	
INDEPENDENT FACILITY	1	3		63.57		21.19	.000		63.57	
@LABORATORY FACILITY	4,141	12,318	\$		\$	14.98	.135	\$		\$
PATHOLOGY	4,135	12,299		184,437.43		15.00	.134		44.60	
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	6	19		82.67		4.35	.000		13.78	
@ORGANIZED OUTPATIENT CLINIC	22,477	33,152	\$			101.30	.362	\$	149.40	\$
CHINIC	110	406		16,604.07		40.90			150.95	
SURGICENTER	4	22		1,170.53		53.21	.000		292.63	

FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

MOP024

DEE NORTH COONTI	DOMINICI OF DER						
						NTHLY AVERA	AGE -
91,478 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES				C
		OR DAYS OF CAR		PER UNIT/DAY			E
@ALL OTHER PROVIDERS	6,156	214,398	\$ 1,056,307.12	\$ 4.93		•	\$
DURABLE MED. EQUIP.	250	1,264	126,390.37			505.56	
BLOOD BANK	0	_	.00	.00	.000	.00	
HEARING AID DISPENSERS	2		818.23				
MEDICAL TRANSPORTATION	969		491,384.62	4.29	1.252	507.10	
AMBULANCES/AIR TRANS	827	22,967	272,475.24			329.47	
OTHER TRANS	131	90,789	134,615.22	1.48	.992	1027.60	
OTHER SERVICES	247	744	84,294.16	113.30	.008	341.27	
ACUPUNCTURE	9	22	386.21	17.56	.000	42.91	
ADULT DAY HEALTH CARE CTR	13	239	16,640.06		.003	1280.00	
GENETIC DISEASE TESTING	150	150	15,750.00	105.00	.002	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	35	140	17,562.83	125.45	.002	501.80	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1,485	3,635	34,340.31	9.45	.040	23.12	
PHYSICAL THERAPIST	427	3,800	57,565.68	15.15	.042	134.81	
PORTABLE X-RAY	1	2	.16	.08	.000	.16	
PROSTHETIST/ORTHOTISTS	37	189	39,072.74		.002	1056.02	
PROSTHETICS	37	189	39,072.74	206.73	.002	1056.02	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	5	10	124.85	12.49	.000	24.97	
SPEECH AND AUDIOLOGY	120	413	17,368.15		.005	144.73	
HOSPICE SERVICES	2	9	1,291.63	143.51	.000	645.82	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	993	10,397	87,840.62	8.45	.114	88.46	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	1,884	79,624	149,770.66		.870	79.50	
@CALIF. CHILDREN SERVICES*	258	3,977	\$ 673,877.51	\$ 169.44	.043	\$ 2611.93	\$
@XOVER EXCLUDING STATE HOSP**	5,639	75,118	\$ 733,681.24	\$ 9.77	.821	\$ 130.11	\$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.